## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P00000112375

1. Entity Name

TKW DISTRIBUTION, INC.



Principal Place of Business
11025 FINCHLEY PLACE
ORLANDO FL 32837

CARLEY, H. THOMAS

11025 FINCHLEY PLACE ORLANDO FL 32837

Mailing Address

11025 FINCHLEY PLACE ORLANDO FL 32837

2.	Principal Place of Business	3. Mailing Address
	Suite, Apt. #, etc.	Suite, Apt. #, etc.

**FILED** Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90104 031 \*\*\*150.00

**JUUTZEUU** 



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State	City & State		4. FEI Number 59-3684437	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	1 1	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Re	egistered A	gent

6. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** ☐ Delete TITLE Change ☐ Addition CARLEY, H. THOMAS NAME STREET ADDRESS 11025 FINCHLEY PLACE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -TITI E . Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other

SIGNATURE: