

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90291 013 ***150.00

DOCUMENT # P01000038804

1. Entity Name
GASKINS DISTRIBUTORS, INC.



Principal Place of Business
**1841 BANANA ST.
PT. CHARLOTTE FL 33980**

Mailing Address
**1841 BANANA ST.
PT. CHARLOTTE FL 33980**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1841 Banana St
Suite, Apt. #, etc.

3. Mailing Address
1841 Banana St
Suite, Apt. #, etc.

City & State
Port Charlotte, FL
Zip
33980

Country
United States

City & State
Port Charlotte, FL
Zip
33980
Country
United States

4. FEI Number
65-1089068

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GASKINS, DONALD P
1841 BANANA ST.
PT. CHARLOTTE FL 33980**

7. Name and Address of New Registered Agent

Name
Donald P. Gaskins
Street Address (P.O. Box Number is Not Acceptable)
1841 Banana St
Port Charlotte, FL
City
FL Zip Code
33980

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 **Donald P. Gaskins**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
GASKINS, DONALD P
1841 BANANA ST.
PT. CHARLOTTE FL 33980** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 like empowered.

SIGNATURE: **Donald P. Gaskins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

941-380-0111
Daytime Phone #

CR2E034 (10/02)