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

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

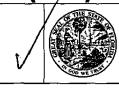
P01000038804 **DOCUMENT #**

1. Entity Name

Principal Place of Business

SIGNATURE:

GASKINS DISTRIBUTORS, INC.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90291 013 ***150.00

941-380 -0111

1841 BANANA PT. CHARLOT		1841 BANANA ST. PT. CHARLOTTE FL 33980								
FI. CHARLOT	IE 12 33300	F1, CHARLOTTE FE 55300					1 11111 111		II 8.6 (1) 6 (8) (18 6)	
2. Principal F	Place of Business	3. Mailing Address			-					
•	Bancoa St	1841 Banana St								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	CHECK HERE IF MAKING CHANGES				
City & Stat		City & State			4.	4. FEI Number 65-1089068 Applied Fo				
	morlotte, FL	PORt Charloth	<u> </u>	L	 				Not Applicable	
Zip BBGG	Country United States	33980		ity United Et t States	5. (Certificate of Status Desired [8.75 A ee Requi		
<u> </u>	6. Name and Address of Current I		CSV 1	State.		Name and Address of New Regis		<u>`</u> _		
				Name		P. GASKIOS		, -	-	
-	DONALD P				(P.O. B	O. Box Number is Not Acceptable)				
1841 BAN			1841 Ba			iana St				
PI. CHAR	LOTTE FL 33980	Feet Cho			acla	clotte, FL				
	77			City		, -	FL	Zip Co	980	
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. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, Upded or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State				Election Campaign Financi Trust Fund Contribution.	ng 🗆		.00 May Be ed to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		AD	DDITIONS/CHANGES TO OFFICER	S AND I	DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Gaskins, Donald P 1841 Banana St. Pt. Charlotte Fl 33980	☐ Defete						Change	e 🔲 Addition	
TITLE	TI. OTHER TE COOL	☐ Delete	TITLE					☐ Change	e 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP			•	EET ADDRESS -ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		J			~-	☐ Change	Addition	
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or tlustee empor or on an attachment with an address, w	this filling does not qualify for true and accurate and that m wered to execute this report a ith all other like empoyered.	the exe ly signal is requi	mption stated in Sture shall have the red by Chapter 60	ection same l 7, Florid	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; da Statutes; and that my name app	ner certit that I an nears in	iy that the n an office Block 10	information er or director or Block 11 if	