

FILED
Jun 09, 2003 8:00 am
Secretary of State

5/1

05-13-2003 90050 012 ***150.00

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

DOCUMENT # P02000022917

1. Entity Name
WS DISTRIBUTING COMPANY



44003880

Principal Place of Business
1912 FRONT STREET
VALRICO, FL 33594

Mailing Address
1912 FRONT STREET
VALRICO, FL 33594

2. Principal Place of Business
1912 MAIN STREET
Suite, Apt. #, etc.

3. Mailing Address
1912 MAIN STREET
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
VALRICO, FLORIDA
Zip
33594

City & State
VALRICO, FLORIDA
Zip
33594

4. FEI Number
01-0653931

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGBEE, R. ALAN
FOWLER WHITE BOGGS BANKER PA
601 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

(NOTE: Registered Agent's Signature Required when existing)

DATE

FILE NOW WITH FEE'S \$150.00
ARAY 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 **D** ☐ Delete
NAME **ROBINSON, WILLIAM S**
STREET ADDRESS **1912 FRONT STREET**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1912 MAIN STREET**
CITY-ST-ZIP **Valrico, Florida 33694**

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE: **William S. Robinson, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-10-03

CR2004 (10/02)

Attachment
4400 3880
[REDACTED]
PO2000022917

May 7, 2003

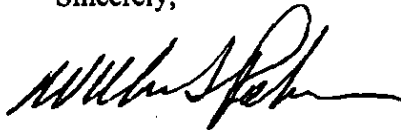
Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Please find enclosed the Uniform Business Report for WS Distributing, Inc. for the year 2003. We did not receive the original form for filing this year. When we contacted your offices we were informed that we should include the form from your website and a check for the \$150.00 filing fee. We noted that the address was incorrect on the form and have changed this for your records.

Thank you for your help in this matter.

Sincerely,



William S. Robinson
President, WS Distributing