FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90747 037 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90123363

DOCUMENT # P02000040534

1. Entity Name
DIVERSIFIED DISTRIBUTORS INC.

Principal Place of Business	Mailing Address
1831 N W 31 ST OAKLAND PARK, FL 33309	1831 N W 31 ST OAKLAND PARK, FL 33309

2. Principal Place of Business		3. Mailing Address	
1831 W. Oakland PK Blvd		1831 W. OakPK Blvd	
Suite, Apt. #, etc. Suite #1		Suite, Apt. #, etc. Suite #1	
City & State Ft Lauderdale FL		City & State Ft Lauderdale FL	
Zip 33311	Country Broward	Zip 33311	Country Broward

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 810546381 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDSON, DOROTHY
1091 NW 78 TERR
PLANTATION, FL 33322

7. Name and Address of New Registered Agent

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 Dorothy Richardson

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	V	☐ Delete
NAME	VICKERS, NORMAN JR	
STREET ADDRESS	9894 HAMMOCKS BLVD	
CITY-ST-ZIP	MIAMI, FL 333196	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: Norman Vickers Jr. 4/28/03 (954) 735-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #