

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90298 047 ***150.00

DOCUMENT # P02000040854

1. Entity Name
SOUTH FLORIDA WHOLESALE, CORP.



Principal Place of Business
**C/O GAREY F BUTLER
2201 SECOND STREET 5TH FLOOR
FORT MYERS FL 33901**

Mailing Address
**C/O GAREY F BUTLER
2201 SECOND STREET 5TH FLOOR
FORT MYERS FL 33901**

11019703



2. Principal Place of Business
South Florida Wholesale

3. Mailing Address
2655 Caladium Way

Suite, Apt. #, etc.
2655 Caladium Way

Suite, Apt. #, etc.
Naples, FL

City & State
Naples, FL

City & State
34105

Zip
34105

Country
US

Zip
34105

Country
US

4. FEI Number
02-0583922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUTLER, GAREY
FOWLER WHITE BOGGS BANKER PA
2201 SECOND STREET 5TH FLOOR
FORT MYERS FL 33901**

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

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	Pres. Edward L. Menefee 2655 Caladium Way Naples, FL 34105 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert L. Menefee 3041 Golansky Blvd. Woodbridge, VA 22192 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec - Treas. Shirley S. Menefee 2655 Caladium Way Naples, FL 34105 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME 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 STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME 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: Shirley S. Menefee **4/22/03** **239-434-7490**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)