2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P02000061222

1. Entity Name



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90146 050 ***150.00

FULL LIN	NE WHOLESALE REINT /	A WHECK OF AHO	JADIA CORI				
Principal Place of Business 1101 W. OAK STREET ARCADIA FL 34266		1101 W. OAK S	Mailing Address 1101 W. OAK STREET ARCADIA FL 34266				
2. Principal Place of Business		3. Mailing Addre	3. Mailing Address		- 	 	
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number		oplied For ot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Cu	rrent Registered Agent			7. Name and Address of New Regis		
A				Name ,			
	7, TODD H		Street Addres		(P.O. Box Number is Not Acceptable)		
L .	OAK STREET						
AHUADIA	FL 34266						
				City		FL Zip Cod	e
8. The above	e named entity submits this statement tions of registered agent.	ent for the purpose of cha	nging its register	red office or register	ed agent, or both, in the State of Florida	I am familiar with,	and accept
ano oungu	tons of regionard agent.						ĺ
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registere	ed Agent signature required	when reinstating)	DATE	
	FILE NOW!!! FEE IS \$150.00						
Afte	r May 1, 2003 Fee will be \$550 k Payable to Florida Departme	0.00			9. Election Campaign Financ Trust Fund Contribution.		May Be I to Fees
10. OFFICERS AND DIRECTORS 11				ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11	
TITLE	0	☐ De		l		☐ Change	☐ Addition
NAME STREET ADDRESS	BROWN, BARBARA S PO BOX 1960		NAM STRE	AE EET ADDRESS	•		
CITY-ST-ZIP	ARCADIA FL 34265			Y-ST-ZIP			
TITLE	D	☐ Del	ete TITLI	E		☐ Change	☐ Addition
NAME	CULLENY, TODD H		NAM	,			
STREET ADDRESS CITY-ST-ZIP	PO BOX 1960 ARCADIA FL 34265			EET ADDRESS (-ST-ZIP			
TITLE	7.1107.0117.7.2.012.00 	□ Del			The supplied to the supplied t	☐ Chánge	Addition .
NAME			NAM	l l		_ ,	-
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS			
TITLE	 	Del		'-ST-ZIP		☐ Change	□ Addition
NAME	}	□ Dei		r į		I I GUATIGE	☐ Addition
			NAM	ie į			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			STRE CITY	EET ADDRESS	,		
CITY-ST-ZIP TITLE		☐ Del	STRE CITY ete TITLE	EET ADDRESS '-ST-ZIP	,	☐ Change	Addition
CITY-ST-ZIP		☐ Del	STRE CITY ete TITLE NAM	EET ADDRESS '-ST-ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>		Addition
CITY-ST-ZIP TITLE NAME		☐ Del	STRE CITY ele TITLE NAM STRE	EET ADDRESS /-ST-ZIP E	· · · · · · · · · · · · · · · · · · ·		Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Del	STRE CITY ete TITLE NAM STRE CITY	EET ADDRESS '-ST-ZIP EIE IE -ST-ZIP E-T-ZIP E-T-ZIP E-T-ZIP	,		Addition Addition
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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 eath; 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: