

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90268 027 \*\*\*150.00

**DOCUMENT # P02000065140**



1. Entity Name  
**ALL FLORIDA DISTRIUBTION, INC.**  
**ALL FLORIDA DISTRIBUTION, INC**

Principal Place of Business  
**340-4TH WAY**  
**INTERLACHEN FL 32148**

Mailing Address  
**PO BOX 5**  
**HAWTHORNE FL 32640**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**50-0004330**

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

7. Name and Address of New Registered Agent

**ISLEY, CLAIRE**  
**340-4TH WAY**  
**INTERLACHEN FL 32148**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**P**  
**Claire Isley**  
**340 4th Way**  
**Interlachen, FL 32148**

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:** *Claire Isley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-03**

Date

**386-684-9726**

Daytime Phone #

CR2E034 (10/02)

ARTICLES OF INCORPORATION

THE UNDERSIGNED, CLAIRE ISLEY, do hereby execute and acknowledge the following Articles of Incorporation:

1. The name of the corporation is ALL FLORIDA DISTRIBUTION, INC.

*This is how I filed the name of my corporation.*

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

0632020

AT

DOCUMENT # **P02000065140**

1. Entity Name  
**ALL-FLORIDA DISTRIBUTION, INC.**



*This is how the state of Florida recorded the name*

Principal Place of Business  
**340-4TH WAY  
INTERLACHEN FL 32148**

Mailing Address  
**PO BOX 5  
HAWTHORNE FL 32640**

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
AUSTIN TX 73301

DATE OF THIS NOTICE: 07-18-2002  
NUMBER OF THIS NOTICE: CP 575 A  
EMPLOYER IDENTIFICATION NUMBER: 50-0004330  
FORM: SS-4  
1324154887 B

*when I went to get an Employer ID #, this is how it was registered.*

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

**ALL FLORIDA DISTRIBUTION INC  
PO BOX 5  
HAWTHORNE FL 32604**

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

00004330 CQ 00 000000  
200236 R74572

5925

17953-635-02831-2 93956 261  
SB V



Department of the Treasury  
Internal Revenue Service  
MEMPHIS TN 37501-0038

Date of this notice:  
Taxpayer Identifying Number  
Form:

SEP. 16, 2002  
50-0004330  
Tax Period:

For assistance you may  
call us at:

1-800-829-1040



**ALL FLORIDA DISTRIBUTION INC  
PO BOX 5  
HAWTHORNE FL 32640-0005055**

Or you may write to us at  
the address shown at the  
left. If you write, be  
sure to attach the bottom  
part of this notice.



Department of the Treasury  
Internal Revenue Service

PHILADELPHIA, PA 19255

*These show the correct name and that it is somewhere in your computer's correctly done.*  
In reply refer to: 0532505519  
Aug. 30, 2002 LTR 147C  
50-0004330 000000 00 000

00713

**ALL FLORIDA DISTRIBUTION INC  
PO BOX 5  
HAWTHORNE FL 32640-0005055**

Employer Identification Number: 50-0004330  
IRS Control Number:

Dear Taxpayer:

Thank you for the inquiry OF Aug. 21, 2002.

*Please correct and update my record & then post this on your break room board & laugh at it!  
Thanks!*