

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000071253

FILED
Apr 27, 2003
Secretary of State

Entity Name: DISTINCTIONS, INC.

Current Principal Place of Business:

17804 ARBOR HAVEN DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

17804 ARBOR HAVEN DRIVE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 54-2067482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANIGAN, DAVID C
10927 N 56TH ST
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOSTER, LEERAE
Address: 19651 BRUCE B DOWNS BLVD STE E6-2
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: FOSTER, RICHARD
Address: 19651 BRUCE B DOWNS BLVD STE E6-2
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FOSTER, LEERAE
Address: 17804 ARBOR HAVEN DR.
City-St-Zip: TAMPA, FL 33647

Title: D (X) Change () Addition
Name: FOSTER, RICHARD
Address: 17804 ARBOR HAVEN DR.
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD FOSTER

D

04/27/2003

Electronic Signature of Signing Officer or Director

Date