

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90384 029 ***150.00

DOCUMENT # P02000101046



1. Entity Name
EQUINE DISTRIBUTORS, INC.

Principal Place of Business
**12948 OKEECHOBEE BLVD
LOXAHATCHEE FL 33470**

Mailing Address
**12948 OKEECHOBEE BLVD
LOXAHATCHEE FL 33470**



2. Principal Place of Business
3500 Fairlane Farms Rd.

3. Mailing Address
3500 Fairlane Farms Rd.

Suite, Apt. #, etc.
Suite 13

Suite, Apt. #, etc.
Suite 13

City & State
Wellington, FL

City & State
Wellington, FL

Zip
33414

Country
USA

Zip
33414

Country
USA

4. FEI Number
30-0122793

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

CASE, JEFF
12948 OKEECHOBEE BLVD
LOXAHATCHEE FL 33470

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 DATE **1-28-03**

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

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 P	<input type="checkbox"/> Delete
NAME CASE, JERRY	
STREET ADDRESS 12948 OKEECHOBEE BLVD	
CITY-ST-ZIP LOXAHATCHEE FL 33470	
TITLE TS	<input type="checkbox"/> Delete
NAME CASE, JEFF	
STREET ADDRESS 12948 OKEECHOBEE BLVD	
CITY-ST-ZIP LOXAHATCHEE FL 33470	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: DATE **1-28-03** DAYTIME PHONE # **561-204-5022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)