

FILED
Jun 09, 2003 8:00 am
Secretary of State

04-18-2003 90206 029 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000124351		
1. Entity Name NASSAU DISTRIBUTION COMPANY		
Principal Place of Business 231 NORTH FRONT STREET FERNANDINA BEACH FL 32035		Mailing Address 231 NORTH FRONT STREET FERNANDINA BEACH FL 32035
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. Name and Address of Current Registered Agent WOODRICH, MICHAEL A 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE FL 32207		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
6. 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. (Not to be registered agent signature required when withdrawing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		7. 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 ☐ Delete NAME D HALL, Y E JR. STREET ADDRESS 231 NORTH FRONT STREET CITY-ST-ZIP FERNANDINA BEACH FL 32035		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME D SWINSON, GRETCHEN HALL STREET ADDRESS 231 NORTH FRONT STREET CITY-ST-ZIP FERNANDINA BEACH FL 32035		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME D BRYAN, CHRISTINA STREET ADDRESS 231 NORTH FRONT STREET CITY-ST-ZIP FERNANDINA BEACH FL 32035		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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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)(b), 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, additional filer information.		
SIGNATURE: SIGNATURE REQUIRED		Date 6/13/03 Filing Fee 904/257-5210