2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000098745

1. Entity Name
UNIVERSAL DISTRIBUTING INC.

Principal Place of Business

6302 EMERALD SKY LANE
GREENACRES, FL 33463

Mailing Address

6302 EMERALD SKY LANE
GREENACRES, FL 33463

DO NOT WRITE IN THIS SPACE

02172008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
25-1733314	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SABARESE, WILLIAM P
6302 EMERALD SKY LANE
GREENACRES, FL 33463

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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

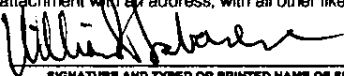| **FILE NOW!!! FEE IS $150.00** After May 1, 2008 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000834328 02/28/08-80049-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SABARESE, WILLIAM P
STREET ADDRESS	6302 EMERALD SKY LANE
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	B
NAME	SABARESE, SANDRA I
STREET ADDRESS	6302 EMERALD SKY LANE
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _William P. Sabarese_ WILLIAM P. SABARESE 2-18-08 561-434-1643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #