

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91378 008 ***150.00

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DOCUMENT # P94000044233

1. Entity Name
FLORIDA DISTRIBUTION SYSTEMS, INC.



Principal Place of Business
7313 PRESIDENTIAL DR
ORLANDO FL 32809
US

Mailing Address
7313 PRESIDENTIAL DR
ORLANDO FL 32809
US



2. Principal Place of Business
4855 DISTRIBUTION CT

3. Mailing Address
4855 DISTRIBUTION CT

Suite, Apt. #, etc.
10

Suite, Apt. #, etc.
10

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32822

Country
ORANGE

Zip
32822

Country
ORANGE

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **59-3251418**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASTOLFI, DAVID P
7313 PRESIDENTIAL DR
ORLANDO FL 32809

Name **ASTOLFI, DAVID P**

Street Address (P.O. Box Number is Not Acceptable)

4855 DISTRIBUTION CT #10

City **ORLANDO**

FL

Zip Code **32822**

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 *David P. Astolfi*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/03

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 **P** ☐ Delete
NAME **ASTOLFI, DAVID P**
STREET ADDRESS **7313 PRESIDENTIAL DR**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **P** ☒ Change ☐ Addition
NAME **ASTOLFI, DAVID P**
STREET ADDRESS **4855 DISTRIBUTION CT #10**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **ST** ☐ Delete
NAME **CLAUDIA DENEEN**
STREET ADDRESS **7313 PRESIDENTIAL DR**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **ST** ☒ Change ☐ Addition
NAME **CLAUDIA DENEEN**
STREET ADDRESS **4855 DISTRIBUTION CT #10**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Claudia Deneen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 **509-3925**
Date Daytime Phone #

CR2E034 (10/02)