

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002885

1. Entity Name

AUDIT DISTRIBUTION SERVICE, INC.

Principal Place of Business

106C S.E. 5TH STREET
OKEECHOBEE FL 34973

Mailing Address

POST OFFICE BOX 0634
OKEECHOBEE FL 34973

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

OWENS, J W
106C S.E. 5TH STREET
OKEECHOBEE FL 34973

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME OWENS, J W
STREET ADDRESS 505 S.W. 8TH STREET
CITY-ST-ZIP OKEECHOBEE FL 34973

TITLE D
NAME OWENS, GAIL
STREET ADDRESS 505 S.W. 8TH STREET
CITY-ST-ZIP OKEECHOBEE FL 34973

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 106 SE 5th Street
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 106 SE 5th Street
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90605 001 ***300.00

40776



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0541190

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (10/00)