

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90099 019 ***150.00

DOCUMENT # P95000046512

1. Entity Name
DISTINCTIVE DISTRIBUTORS, INC.

A0008032



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business 1155 CHARLES ST 165 LONGWOOD FL 32750 US | Mailing Address 1155 CHARLES ST 165 LONGWOOD FL 32750-5492 US |
|--|---|

| | |
|--|--|
| 2. Principal Place of Business 1071 Miller Drive Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 520665 Suite, Apt. #, etc. |
|--|--|

| | | | |
|---------------------------------------|------------------------------|-----------------------------|-------------------------------|
| City & State Altamonte Springs, FL | City & State Longwood, FL | 4. FEI Number 59-3320063 | Applied For Not Applicable |
| Zip 32701 | Country U.S.A. | Zip 32752-0665 | Country U.S.A. |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent
BUTTERFIELD, LANCE
1155 CHARLES ST
165
LONGWOOD FL 32750

7. Name and Address of New Registered Agent
 Name Butterfield, Lance
 Street Address (P.O. Box Number is Not Acceptable)
1071 Miller Drive
 City Altamonte Springs **FL** Zip Code 32701

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 Lance Butterfield Lance Butterfield - Pres. 1/12/00
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP | D BUTTERFIELD, LANCE 1155 CHARLES ST LONGWOOD FL 32750 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Lance Butterfield Lance Butterfield - Pres. 1/12/00 407-339-7345
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #