| 2001 UNIFORM BUSINESS REPORT (UBR) | | | | R) | FILED Sep 10, 2001 8:00 am | |
|--|---|--|--|---|---|--|
| DOCUMENT # P95000069516 | | | | , | Secretary of State | |
| 2 PLEAS | E DISTRIBUTING, INC. | √ | | | 06-19-2001 90003 027 ***150.00 09-10-2001 90057 032 ***400.00 | |
| Principal Place of Business Mailing Address | | | | | | |
| 1120 PINELLAS BAYWAY S., STE. 204 TIERRA VERDE FL 33715 US | | 1120 PINELLAS BAYWAY S., STE, 204 TIERRA VERDE FL 33715 US | | | | |
| 2. Principal Place of Business 4 (1 8 Apr. Ayr. N. Suite, Apt. #, etc. | | 3. Mailing Address P. O. Box 58095 Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | |
| City & Stat | e | City & State | | 4 | 4. FEI Number 59-3336008 Applied For | |
| Tierra | i Verde, Fl | St. Petersby | irg, Fl | . ` | Not Applicable | |
| 33715 | | 33715 | -Country USA | | 5. Certificate of Status Desired Sa.75 Additional Fee Required | |
| Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| 1967 | iams, sherri Shore Acres Boulevard Petersburg Fl 33703 | | | | O. Box Number is Not Acceptable) | |
| Charle | | | | erra | Verde FL Zip Code 33715 | |
| 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 Signa | | | | | | |
| Tax filing requirement and elects to do so After MAY 1, 200 | | | FEE IS \$150.00 Fee will be \$550.00 to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees | | | |
| 11. | OFFICERS AND DIF | RECTORS Delete | 12. | 1 1 1 1 1 1 1 1 1 1 1 1 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| NAME STREET ADDRESS City+St-ZIP | SHERRI WILLIAMS 1120 PINELLAS BAYWAY S. TIERRA VERDE FL 33715 | | NAME STREET ADDRESS CITY-ST-ZIP | 411 8 | Solutions Change Addition 800 100 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CHTY-ST-ZIP | | ☐ Change ☐ Addition 🕏 | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME - STREET ADDRESS | | ☐ Change ☐ Addition | |
| CITY-ST-ZIP THILE NAME | | ☐ Delete | CITY-ST-ZIP TITLE NAME | | ☐ Change ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS: CITY-ST-ZIP | | ☐ Oelete | NAME STREET ADDRESS CITY-ST-ZIP | | CHENGE AND INTO | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CHY-ST-ZIP | | ☐ Change ☐ Addition | |
| 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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: SLOWL WILLIAMS Sherr Williams 4/17/01 727-865-3758 | | | | | | |