

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90394 042 ***150.00

05/7/03 7 AV

DOCUMENT # P96000060874

1. Entity Name
SOUTHERN TACK DISTRIBUTORS, INC.



Principal Place of Business
**8001 APACHE TR
SPRINGHILL FL 34606**

Mailing Address
**8001 APACHE TR
SPRINGHILL FL 34606**



2. Principal Place of Business

8383 mazette Rd

Suite, Apt. #, etc.

3. Mailing Address

8383 mazette Rd

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Weeki Wachee

City & State

Weeki Wachee

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34613

Country

USA

Zip

34613

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALECI, PHILLIP J
8001 APACHE TR
SPRINGHILL FL 34606**

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. 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, 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

☐ Delete

D
ALECI, PHILLIP
8001 APACHE TR
SPRINGHILL FL 34606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

D
Aleci Phillip
8383 mazette Rd
Weeki Wachee, FL 34613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03 352-547-2345

Date

Daytime Phone #

CR2E034 (10/02)