

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

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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 Country Zip Country
34613 USA 34613 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ALECI, PHILLIP STREET ADDRESS 8001 APACHE TR CITY-ST-ZIP SPRINGHILL FL 34606	<input type="checkbox"/> Delete	TITLE D Aleci Phillip STREET ADDRESS 8383 mazette Rd CITY-ST-ZIP Weeki Wachee, FL. 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 4-27-03 352-597-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)