


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90348 010 \*\*\*150.00

<b>DOCUMENT #</b> P97000005970 <b>1. Entity Name</b> UNITED WHOLESALE DISTRIBUTORS, INC.	
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<b>Principal Place of Business</b> 1612 S COMBRE RD LAKELAND, FL 33801-7132	<b>Mailing Address</b> 1612 S COMBRE RD LAKELAND, FL 33801-7132
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04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3423449	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  PATEL, UDAYGIRI 2648 HIGHLAND VUE PKWY LAKELAND, FL 33813
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**DO NOT WRITE  
IN THIS SPACE**

**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** 04/21/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, VIHANG 2339 MILES CT. LAKELAND, FL 33813
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP SECRETARY PATEL, PARIMAL 2339 MILES CT. 2630, HIGH RIDGE DR LAKELAND, FL 33813
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** 04/21/05

**Daytime Phone #**