04/24/2002 08:35 18 STEL

FILED
May 21, 2003 8:00 am
Secretary of State
04-07-2003 90173 022 ***150.00

55042546

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019771

1. Entity Name
M.T.S. DISTRIBUTORS, INC.

Principal Place of Business: 27 Silver Fox Lane, Pisgah Forest NC 28768

Mailing Address: 27 Silver Fox Lane, Pisgah Forest NC 28768

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3432573 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STELLING, MARK
27 Silver Fox Lane
Pisgah Forest NC 28768

7. Name and Address of New Registered Agent
Beverly S. Wendell
Street Address P.O. Box Number is Not Acceptable: 118 Squirrel Dr.
City Brandon FL Zip Code 33511

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: Beverly S. Wendell 05/09/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $500.00
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
D / STELLING, MARK / 305 GRODEWICK DRIVE / SUN CITY CENTER FL 33573	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

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 member 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 authority to be empowered.

SIGNATURE: SIGNATURE REQUIRED 4/7/03 828-875-6825
Individual Agent, Officer, Director, Member or Manager (See Section 607.0128 of Statutes) Date Daytime Phone

CFR2003A (10/02)