


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000053664		
1. Entity Name NU-MARK DISTRIBUTING, COMPANY		
Principal Place of Business 3656 -60TH ST N ST PETERSBURG, FL 33710		Mailing Address 3656 -60TH ST N ST PETERSBURG, FL 33710
2. Principal Place of Business 4890-122nd Ave N Suite, Apt. #, etc. 2		3. Mailing Address 4890-122nd Ave N Suite, Apt. #, etc. 2
City & State Clearwater FL		City & State Clearwater, FL
Zip 33762		Country USA
4. FEI Number 59-3451897		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MEMMER, SHARON E 3656 -60TH ST N ST PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name Thomas J. Pridham Street Address (P.O. Box Number is Not Acceptable) 12399 -69th St City Largo FL Zip Code 33773
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 <u>Thomas Pridham</u> DATE <u>4/24/03</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when releasing)</small>		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY- ST- ZIP DPS MEMMER, SHARON E 3656 -60TH ST N ST PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP DPS Pridham Thomas 12399 -69th St Largo, FL 33773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP DVT MEMMER, MARK A 3656 -60TH ST N ST PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input 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
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
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
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
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: <u>Thomas Pridham</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/13/03</u> <u>727-344-6275</u> <small>Date Daytime Phone</small>

CR2E034 (10/02)