

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

P97000081997
FILED

03 JUN 24 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000081997

1. Entity Name

Northwest Florida Distributors
INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1640 Nlk Blvd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9809

Suite, Apt. #, etc.

City & State

Panama City

City & State

Panama City Beach

Zip

32405

Country

Bay

Zip

32417

Country

Bay

DO NOT WRITE IN THIS SPACE

59-3467467

4. FEI Number

59-34593467

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Welker Rhea Scott

Street Address (P.O. Box Number is Not Acceptable)

504 Paddock Club Dr

City

Panama City Beach FL

Zip Code

32407

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Welker Rhea Scott
P.O. Box 9809
Panama City Beach, FL 32417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400021158774
06/26/03--01058--005 **158.75

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CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Welker Rhea Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/18/03

Daytime Phone #

850-832-6276

CR2E034B (12/02)

6/18/03

Please accept this
application & change my
mailing address to
P.O. Box 9809, Panama City, Beach,
32417

to avoid further problems.
I just opened & read
my first Notice (Post marked
June 2, 03) the 1st one
was sent to the wrong
address, the 2nd I
called & was given 30-
Day Grace but I have
not seen the form -
now I have one &
a real nice lady in your
dept. walked me thru
the process so it
should correct - please
find the enclosed check
for \$158.75. -

Thank you
God Bless
Rhea