

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

DOCUMENT # **P97000086154**

1. Entity Name
SOUTHWEST DISTRIBUTING, INC.



Principal Place of Business
PO BOX 923
ALVA FL 33920-0923

Mailing Address
PO BOX 923
ALVA FL 33920-0923

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

4. FEI Number **65-0788590** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIGGS, KEN
1961 GOODE AVE
ALVA FL 33920**

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 NAME STREET ADDRESS CITY-ST-ZIP	PT RIGGS, KEN 1961 GOODE AVE ALVA FL 33920	<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	VS RIGGS, DIANE 1961 GOODE AVE ALVA FL 33920	<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: *R. J. Riggs REKIVER 1995*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/03 239-728-2080

Date

Daytime Phone #

09883250
AV

CF2E034 (10/02)

80120662

To Whom It May Concern,

My husband & I just found the bill for the UBR for 2003. We were going through our bills for the summer & there it was, not even opened! As you can from our records in the past, we have never been late with a payment.

I immediately called the number provided & spoke with Mario. He was very kind & instructed me to send in $150^{th} 00$ & it would be reviewed. We apologize for the oversight & we hope we do not have to pay the penalty. We will never be late again & hopefully WE WILL BE FORGIVEN THIS ONE TIME.

We are sending this overnight, so you will have the payment ASAP.

Thank you in advance,
Diane Figg