

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90063 014 \*\*\*150.00

**DOCUMENT # P98000032925**

1. Entity Name

UNITED DISTRIBUTORS OF CAMDEN COUNTY, INC.



Principal Place of Business

7082 GREEN HOLLY DR  
JACKSONVILLE FL 32277

Mailing Address

7082 GREEN HOLLY DR  
JACKSONVILLE FL 32277

2. Principal Place of Business

4375 COQUINA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

4375 COQUINA DRIVE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

JACKSONVILLE FL

Zip

32250

Country

USA

City & State

JACKSONVILLE FL

Zip

32250

Country

USA

4. FEI Number

59-3505278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IADANZA, TERRY  
7082 GREN HOLLY DR  
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name

IADANZA, TERRY

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

4375 COQUINA DRIVE

City

JACKSONVILLE

FL

Zip Code

32250

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

TERRY IADANZA

2-1-04

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, 2004: 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

TITLE PVST ☐ Delete  
NAME IADANZA, TERRY  
STREET ADDRESS 7082 GREEN HOLLY DR  
CITY-ST-ZIP JACKSONVILLE FL 32211-8706

TITLE D ☐ Delete  
NAME IADANZA, TERRY  
STREET ADDRESS 7082 GREEN HOLLY DR  
CITY-ST-ZIP JACKSONVILLE FL 32211-8706

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PUST ☒ Change ☐ Addition  
NAME IADANZA, TERRY  
STREET ADDRESS 4375 COQUINA DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32250

TITLE D ☒ Change ☐ Addition  
NAME IADANZA, TERRY  
STREET ADDRESS 4375 COQUINA DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32250

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TERRY IADANZA

2-1-04

904 2235127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #