

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039207

1. Entity Name
PACIFIC FLEET DISTRIBUTORS, INC

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90012 012 ***550.00

0008258 AV

Principal Place of Business
14902 DEVONSHIRE WOODS PLACE
TAMPA FL 33624

Mailing Address
14902 DEVONSHIRE WOODS PLACE
TAMPA FL 33624

2. Principal Place of Business
5018 N. CLARK AVE.
Suite, Apt. #, etc.

3. Mailing Address
5018 N. CLARK AVE.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL
Zip
33634
Country

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TAMPA, FL
Zip
33634
Country

4. FEI Number
59-3555857
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ST ARNOLD, JACK R
1370 PINEHURST ROAD
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name
ZHOU, YONG PING
Street Address (P.O. Box Number is Not Acceptable)
5018 N. CLARK AVE.
City
TAMPA FL Zip Code
33634

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.

SIGNATURE ZHOU YONG PING ZHOU, YONG PING DATE 9-21-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZHOU, YONG PING 14902 DEVONSHIRE WOODS PL TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SZHOU YONG PING ZHOU, YONG PING DATE 9-21-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)