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PACIFIC FL	EET DISTRIB	JTORS, INC			/	09-06-2001 900	012 012 ***550	0.00	8
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Principal Place	of Business		Mailing Address						
-	TIRE WOODS PLACE		14902 DEVONSHIRE WOOD	S_PLACE					
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ST ARNOLL	), JACK R IURST ROAD			Street Add	iress (ද.O. Bo	Number is Not Acceptable)			1
DUNEDIN F					UIA N	1. CLARK AL	/6·		1 .
	2 0 .000			City			FL Zip (	Code	1
? The above n	amad antitu nuhmita	this statement for th	a purpose of abanding its r		MPA	it, or both, in the State of Flori		363×	-
o. The above n	amed entity submits	inis statement for the	e purpose of changing its re				iua.		
SIGNATURE		me of registered agent and t	ONG YING :	ZHOU, YO Registered Agent signature	NG PI	NG	P-21-0	<b>Z</b>	
	ignature, typed or phrited na								
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☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Days The Signature And TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP