FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90767 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103950

1. Entity Name

MAJOR Distribution Company OF Florida inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2320 NE 32nd CT	2320 NE 32nd CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LIGHTHOUSE Point	City & State: LIGHTHOUSE Point
Zip: 33064 Country:	Zip: 33064 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0883551 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JACK Titolo

Street Address (P.O. Box Number is Not Acceptable): 2320 NE 32nd CT

City: LIGHTHOUSE Point FL Zip Code: 33064

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] 4/29/03

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	P
NAME	Jack Titolo
STREET ADDRESS	2320 NE 32nd CT
CITY-ST-ZIP	LIGHTHOUSE Pt, FL 33064
TITLE	VP
NAME	JAckie Titolo
STREET ADDRESS	2320 NE 32nd CT
CITY-ST-ZIP	LIGHTHOUSE Point, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: [signature] 4/29/03 954-917-9343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #