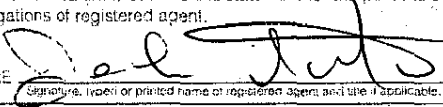
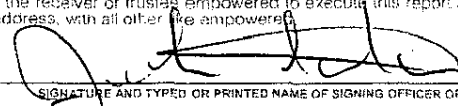


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90767 044 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P98000103950</u>			
1. Entity Name <u>Major Distribution Company of Florida Inc</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>2320 NE 32nd CT</u> Suite, Apt. #, etc.		3. Mailing Address <u>2320 NE 32nd CT</u> Suite, Apt. #, etc.	
City & State <u>LIGHTHOUSE Point</u>		City & State <u>LIGHTHOUSE Point</u>	
Zip <u>33067</u>		Zip <u>33067</u>	
Country		Country	
4. FEI Number <u>65-0883551</u>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>JACK TITULO</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2320 NE 32nd CT</u>			
City <u>LIGHTHOUSE Point</u>			
State <u>FL</u>			
Zip Code <u>33067</u>			
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 		DATE <u>4/29/03</u>	
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 <u>A</u>		TITLE <u>JACK TITULO</u>	
NAME <u>JACK TITULO</u>		NAME <u>JACK TITULO</u>	
STREET ADDRESS <u>2320 NE 32nd CT</u>		STREET ADDRESS <u>2320 NE 32nd CT</u>	
CITY-STATE-ZIP <u>LIGHTHOUSE Pt, FL 33067</u>		CITY-STATE-ZIP <u>LIGHTHOUSE Pt, FL 33067</u>	
TITLE <u>VP</u>		TITLE <u>JACKIE TITULO</u>	
NAME <u>JACKIE TITULO</u>		NAME <u>JACKIE TITULO</u>	
STREET ADDRESS <u>2320 NE 32nd CT</u>		STREET ADDRESS <u>2320 NE 32nd CT</u>	
CITY-STATE-ZIP <u>LIGHTHOUSE Point, FL 33067</u>		CITY-STATE-ZIP <u>LIGHTHOUSE Point, FL 33067</u>	
TITLE <u></u>		TITLE <u></u>	
NAME <u></u>		NAME <u></u>	
STREET ADDRESS <u></u>		STREET ADDRESS <u></u>	
CITY-STATE-ZIP <u></u>		CITY-STATE-ZIP <u></u>	
TITLE <u></u>		TITLE <u></u>	
NAME <u></u>		NAME <u></u>	
STREET ADDRESS <u></u>		STREET ADDRESS <u></u>	
CITY-STATE-ZIP <u></u>		CITY-STATE-ZIP <u></u>	
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, the empowered.			
SIGNATURE: 		DATE <u>4/29/03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		954-917-9343	

CR2E034B (12/02)