2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: (

FURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P 99000013784 Apr 05, 2000 8:00 am Secretary of State 1. Entity Name S & G Warehouse Distributors, Inc. 701 West Church Street 04-05-2000 90078 010 ***150.00 <u>Orlando, Florida 32805</u> Mailing Address Principal Place of Business 701 West Church Street Same Orlando, Florida 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable 59-3556001 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name William J. Dietz Street Address (P.O. Box Number is Not Acceptable) 25 South Magnolia Avenue Orlando, Florida 32801 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐] Change Addition TITLE TITLE ☐ Delete NAME NAME Larry Goldfarb STREET ADDRESS STREET ADDRESS 701 West Church Street Orlando, Florida-32805 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition ☐ Change TITLE Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

March 20,2000

407-422-1110