

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028939

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: UNITED DISTRIBUTION SERVICES, INC.

## Current Principal Place of Business:

4306 EXCHANGE AVENUE.  
NAPLES, FL 34104

## New Principal Place of Business:

## Current Mailing Address:

4306 EXCHANGE AVENUE  
NAPLES, FL 34104

## New Mailing Address:

4306 EXCHANGE AVENUE.  
NAPLES, FL 34104

FEI Number: 65-0904666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCANDREW, THOMAS P  
4306 EXCHANGE AVENUE  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCANDREW, THOMAS P  
Address: 2730 BRANCH LANE  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: MCANDREW, THOMAS K  
Address: 1970 23RD STREET SW  
City-St-Zip: NAPLES, FL 34117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P MCANDREW

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date