

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048048

1. Entity Name
SOUTHCOST DISTRIBUTORS, INC.

Principal Place of Business
5625 Verna Blvd #3
Jacksonville FL 32205

Mailing Address
5625 Verna Blvd #3
Jacksonville FL 32205

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip	Country	Zip	Country	4. FEI Number 59-3619035	Applied For Not Applicable
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5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, DENNIS
7952 NORMANDY BLVD #3
JACKSONVILLE FL 32221

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P Delete
NAME SMITH, DENNIS
STREET ADDRESS 5625 Verna Blvd #3
CITY-ST-ZIP JACKSONVILLE FL 32205

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

TITLE Delete
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

TITLE Change Addition
NAME Change Addition
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TITLE Delete
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NAME Change Addition
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CITY-ST-ZIP Change Addition

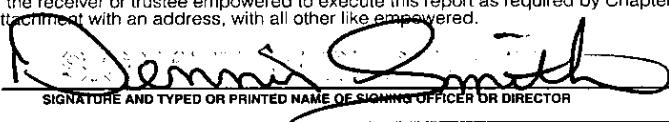
TITLE Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

TITLE Delete
NAME Change Addition
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CITY-ST-ZIP Change Addition

TITLE Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-02 904-786-4538

Date

Daytime Phone #

CR2E034 (9/01)