2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22658

1. Entity Name

PREFERRED DISTRIBUTION SERVICES, INC.

APPROVED AN05-10-2000 90180 020 ****150.00 FILED

00 MAY 10 AM 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 257 GRANADA ROAD WEST PALM BEACH FLORIDA 33401

Mailing Address

2. Principal Place of Business	3. Mailing Address
257 GRANADA ROAD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State
Zip: 33401 / Country: PALM BEACH	Zip / Country

4. FEI Number: 65-0237132 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

JEANNE D. CONWAY
324 ROYAL PALM WAY
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name

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

City — FL — 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 ______ 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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES, T, D / CHILLINGWORTH, CHARLES C. / 257 GRANADA ROAD / WEST PALM BEACH, FL 33401 — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY / FRICITIS, HELLEN — ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY / JEANNE D. CONWAY / 324 ROYAL PALM WAY / PALM BEACH, FL 33480 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Charles C. Chillingworth, Pres — 30 APRIL 2000 — (561) 659-0720

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

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