2001 UNIFORM BUSINESS REPORT (UBR)-

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

May 18, 2001 8:00 am Secretary of State **DOCUMENT # \$22658** 1. Entity Name PREFERRED DISTRIBUTION SERVICES, INC. 05-18-2001 90018 048 ***150.00 Principal Place of Business Mailing Address 257 GRANADA ROAD 257 GRANADA ROAD WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 5 mm Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0238132 Not Applicable Zip Country \$8.75 Additional П Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... CHARUSS C. CHILLINGUOHTH **CONWAY, JEANNE** 324 royal Palm Way -Palm Béàch fl 33480 of BEACH, FC 33401 Omits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTD TITI F ☐ Change TITLE ☐ Delete CHILLINGWORTH, CHARLES C NAME NAME STREET ADDRESS STREET ADDRESS 257 GRANADA RD CITY-ST-ZIP CITY-ST-ZIF W PALM BEACH FL 33409 Change (Addition Delete TITLE TITLE CONWAY, JEANNE D NAME NAME STREET ADDRESS 324 RXYAL PALM WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480. ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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