2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # **P97000035047** Z M & W FOODS, INC. 04-28-2001 90005 007 ***150.00 Principal Place of Business Mailing Address 3315 EAST STATE RD 200 3315 EAST STATE RD 200 YULEE FL 32097 YULEE FL 32097 2. Principal Place of Business 3. Mailing Address 3000 N. Atlantic Ave, #14 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3445656 Daytona Beach, FL 33718-27 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32118-3019 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent George W. Harrison HARRISON, GEORGE W Street Address (P.O. Box Number is Not Acceptable) 3000 N. Atlantic Avenue, #14 4983 SCENIC MARSH COURT JACKSONVILLE FL 32226 Zip Code 32118-3019 City Daytona Beach 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** Mav Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSD CR2E034 (10/00) X Change Addition TITLE ☐ Delete TITLE HARRISON, GEORGE W Harrison, George W. NAME NAME 4983 SCENIC MARSH COURT STREET ADDRESS 3000 N. Atlantic Avenue, #14 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Daytona Beach, FL 32118-3019 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Charige ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.