

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90169 040 ***150.00

DOCUMENT # F94000000996

1. Entity Name
SPECIALTY MEAT GROUP, INC.



Principal Place of Business
**2890 CHANCELLOR DR.
SUITE 210**

Mailing Address
**2890 CHANCELLOR DR.
SUITE 210**

~~CRESTVIEW HILLS-KY-41017-3451~~

~~CRESTVIEW HILLS KY 41017-3451~~



2. Principal Place of Business

2970 CHANCELLOR DRIVE

3. Mailing Address

2890 CHANCELLOR DRIVE

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

CRESTVIEW HILLS KY

City & State

CRESTVIEW HILLS KY

Zip

Country

41017-3451

USA

Zip

Country

41017-3451

USA

4. FEI Number

95-4460342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
V MCCLOSKEY, JOSEPH
STREET ADDRESS **1024 STREAM RDIGE**
CITY-ST-ZIP **CINCINNATI OH 45255**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
PCEO DAVIS, THOMAS
STREET ADDRESS **2413 PATES CREEK**
CITY-ST-ZIP **WILLIAMSBURG VA 23185**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
S DAVIS, THOMAS
STREET ADDRESS **2413 PATES CREEK**
CITY-ST-ZIP **WILLIAMSBURG VA 23185**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
D EVANS, DAVID S
STREET ADDRESS **190 S LASALLE SUITE 2830**
CITY-ST-ZIP **CHICAGO IL 60603**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
V WRAY, RONALD D
STREET ADDRESS **190 S. LASALLE SUITE 2830**
CITY-ST-ZIP **CHICAGO IL 60603**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

THOMAS D. DAVIS, PRESIDENT

2/21/03 859-344-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)