## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 04, 2002 8:00 am Secretary of State **DOCUMENT #** 130754 1. Entity Name 03-04-2002 90040 030 \*\*\*150.00 **EDWARDS PACKING COMPANY** Principal Place of Business Mailing Address 3220 NEW TAMPA HIGHWAY 3220 NEW TAMPA HIGHWAY P.O. BOX 1687 P.O. BOX 1687 LAKELAND FL 33802-1687 LAKELAND FL 33802-1687 2. Principal Place of Business 3. Mailing Address P.O. Box 1687 4100 S. Frontage Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-0526935 Lakeland, Fl. 33802-1687 Not Applicable Lakeland, Fl 33815 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33815 33802-1687 USA≔ USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent David L. Edwards EDWARDS JR.A T Street Address (P.O. Box Number is Not Acceptable) 2609 Nevada Rd. 408 HOWARD AVENUE, APT. E LAKELAND FL 33801 Zip Code 33803 Lakeland, Fla. 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 2/18/2002 David L. Edwards, Sec-Treas. (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 Tax filing requirement and elects to do so. After May 1, 2002 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 OFFICERS AND DIRECTORS 12 11. ☐ Addition ☐ Delete TITLE TITLE President NAME EDWARDS JR.A T NAME Edwards, Jr, A.T. STREET ADDRESS 408 HOWARD AVENUE, APT E STREET ADDRESS 2609 Nevada Road CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP Lakeland, Fl. 33803 ☐ Change ☐ Addition TITLE **VD** Delete TITLE NAME NAME EDWARDS, MICHAEL L. STREET ADDRESS STREET ADDRESS 4804 RIVERVIEW BL., W. CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL** Change ☐ Addition TITLE Delete TITLE NAME STANYARD,M R NAME STREET ADDRESS STREET ADDRESS 947 S. LAKESIDE AVE. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE STD NAME EDWARDS, DAVID L NAME STREET ADDRESS STREET ADDRESS 2609 NEVADA RD CITY-ST-ZIP LAKELAND, FL 00000 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIE

David L. Edwards, Sec-Treas.

2/18/2002

Daytime Phone #