2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 02, 2001 8:00 am **DOCUMENT # 206778 Secretary of State** 1. Entity Name SOUTHERN BELLE FROZEN FOODS, INC. 03-02-2001 90104 011 ***150.00 Principal Place of Business Mailing Address P O BOX 28620 P O BOX 28620 821 VIRGINIA STREET 821 VIRGINIA STREET 111128401 JACKSONVILLE FL 32226 JACKSONVILLE FL 32226 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0857341 Not Applicable Zio Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAW, HOWARD J Street Address (P.O. Box Number is Not Acceptable) 825 VIRGINA STREET JACKSONVILLE FL 32208 City Zip Code F 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Addition Change TITLE ☐ Delete 3JTIT SHAW, HOWARD NAME NAME STREET ADDRESS STREET ADDRESS 10460 SYLVAN LANE W CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE, FL 00000 Addition TITLE ☐ Delete TITLE Change SHAW, JOHN R. JR. NAME NAME STREET ADDRESS 8097 SHADY GROVE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville Fl TITLE ☐ Delete Change Addition SHAW, SYLVIA NAME NAME STREET ADDRESS 228 NOBLE CIRCLE W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL [] Change ☐ Delete TITLE Addition TITLE SHAW, ALMA W. NAME NAME STREET ADDRESS STREET ADDRESS 228 NOBLE CIRCLE W. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL P FINANCE DANNET ZIMMECHAN TO BROSKUICID DU N ASTONIUE K JUNIO Addition ☐ Change TITLE ☐ Delete TITLE 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 CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

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