## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 422278** 1. Entity Name

## FILED May 01, 2001 8:00 am Secretary of State

05-01-2001 90059 010 \*\*\*150.00

## SPECIALTY FEEDS COMPANY Principal Place of Business Mailing Address 6135 SHIRLEY AVE P O BOX 2347 GIBSONTON FL 33534 GIBSONTON FL 33534

Secondaria   Sec	00		03							
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.   Suite, Apt. #, etc.	2. Principal F	Place of Business	3. Mailing Address							
City & State  Country  Country  Country  S. Certificate of Status Desired  S. Registered Agent  Re	Suite Ant # etc		Suite Apt # etc						111 <b>018</b> 11 1001	
Zip Country Zip Country S. Certificate of Status Desired S. 7.5 Addition of Status Desired S. 7.5 Addition of Status Desired See Required Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agen	ouite, Apt.	н, ею.	Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SF	ACE		
Country	City & Stat	te	City & State		<b>4.</b> F	I. FEI Number 59-1461306			pplied For	
Second Address of Name and Address of New Registered Agent   Name	Zip	Country	Zip	Country	5 (	Certificate of Status Desired	- \$		lot App icable Iditional	
NICHAEL F DENISON 1430 LAKEHURST WAY BRANDON FL 33511  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florica.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax lifting requirement and selects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MARE SINELET ADDRESS  1430 LAKEHURST WAY BRANDON, FL 00000  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MARE SINELET ADDRESS  1430 LAKEHURST WAY BRANDON, FL 00000  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MARE SINELET ADDRESS  1430 LAKEHURST WAY BRANDON FL  1440 LAKEHURST WAY BRANDON FL  1450 LAKEHURST WAY BRANDON FL  1450 LAKEHURST WAY		6. Name and Address of Current F	Registered Agent				□ F	ee Require		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Oity  Oity  Oity  Signature, bread and statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, bread and statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS IN TITLE  NAME  DENISON, M. F.  DENISON, M. F.  STREET ADDRESS  OITY-ST-ZP  BRANDON FL  OVER REQUIRED TO STREET ADDRESS  OITY-ST-ZP  BRANDON FL  ONLY CENTER IN TITLE  OFFICERS AND DIRECTORS IN TITLE  NAME  DENISON, BERNADETTE V  1430 LAKEHURST WAY  BRANDON FL  ODENISON, BERNADETTE V  1430 LAKEHURST WAY  BRANDON FL  OFFICERS AND DIRECTORS IN TITLE  OFFICERS AND STREET ADDRESS  OITY-ST-ZP  BRANDON FL  ONLY ST-ZP  BRANDON FL  ONLY ST-ZP  OFFICERS AND DIRECTORS IN TITLE  NAME  STREET ADDRESS  S			logistered Agent	Name		name and Address of New Ad	gistered At	jent		
BRANDON FL 33511  City				Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
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, lipsed or or read name of registered agent and purpose of changing its registered agent, or both, in the State of Florida.    Signature   S							<u> </u>			
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, lipsed or or read name of registered agent and purpose of changing its registered agent, or both, in the State of Florida.    Signature   S				City			F(202) 58	Zio Cor		
SIGNATURE    Signature   End								Z:p Cot	Je	
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  Trust Fund Contribution  Added to Added to Department of State  Trust Fund Contribution  Added to Department of State  Title  NAME  STREET ADDRESS  CITY-ST-ZPP  Delete  Title  NAME  STREET ADDRESS  CITY-ST-ZPP  TITLE  ADDRESS  CITY-ST-ZPP  TITLE  NAME  STREET ADDRESS										
TITLE NAME DENISON, M F 1430 LAKEHURST WAY BRANDON, FL 00000 CTV-ST-ZIP  TITLE VST DENISON, BERNADETTE V TREET ADDRESS CITY-ST-ZIP  TITLE VST DENISON, BERNADETTE V STREET ADDRESS CITY-ST-ZIP  TITLE CD DENISON, BERNADETTE V STREET ADDRESS CITY-ST-ZIP  TITLE CD DENISON, KENNETH F COTON KENNETH F STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tax filing requirement and elects to do so.		After MAY 1, 2001 Fee will be \$550.00						<b>00</b> May Be ed to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE VST UST UAS LAKEHURST WAY BRANDON, FL 00000  TITLE NAME DENISON, BERNADETTE V 1430 LAKEHURST WAY BRANDON, FL 00000  TITLE NAME DENISON, BERNADETTE V 1430 LAKEHURST WAY BRANDON FL UST UTILE NAME DENISON, BERNADETTE V 1430 LAKEHURST WAY BRANDON FL UST UTILE NAME DENISON, KENNETH F UST UTILE NAME STREET ADDRESS CITY-ST-ZIP				12.	AE	DDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	RS IN 11	
DENISON, BERNADETTE V 1430 LAKEHURST WAY BRANDON FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  DENISON, KENNETH F 2014 EASTVIEW DRIVE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	DENISON, M F 1430 LAKEHURST WAY BRANDON, FL 00000	☐ Delete	NAME STREET ADDRESS				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  DENISON, KENNETH F 2014 EASTVIEW DRIVE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	DENISON, BERNADETTE V 1430 LAKEHURST WAY	☐ Delete	NAME STREET ADDRESS				☐ Change	Addition	
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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 with an address, with a

4-27-0/813)677-1627