FILED Apr 24, 2003 8:00 am Secretary of State

Carytime Phone #

2003 FOR PROFIT CORPORATION

	HIFURM BUSINES	33 KEFUKI J	UDRI		04.24.3	2003 00212 034 **	*150.00
DOCUMENT # 446265 1. Entity Name PINELLAS WHOLESALE MEATS, INC.							130.00
				E. P.	vv	*****	
201-16TH S P.O. BOX 20		Mailing Address 201-16TH STREET S. P.O. BOX 20124 ST. PETERSBURG, FL 3374	42				')
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.							
					28, CHECK HER	E IF MAKING CHANGES	S
Bever Bever	·ly Hills, FL	Beverly Hill		4.	FEI Number 59-151376	. —	Applied For Not Applicable
Zip 3446		34465 (Country Citrus		Certificate of Status Desired	Fee Requi	
Name and Address of Current Registered Agent Name and Address of New Registered Agent Name							
WAGNER, PAUL 201 16TH ST SOUTH ST. PETERSBURG, FL ST. PETERSBURG, FL ST. PETERSBURG, FL ST. PETERSBURG, FL							
İ			City	werly	Hillo El	FL Zip Co	
8. The above	named entity submits this statement for t	the purpose of changing its re	egistered office or	registered a	gent, or both, in the State of	· — \ \	h, and accept
the obligations of registered agent.							
SIGNATURE FOLK LIBERTON SI PAUL WAGNER 4-21-03 NOTE Registered Agent sequired when reinstating) - CATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Rayable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND D		11.	Al	DDITIONS/CHANGES TO O	FFICERS AND DIRECTO	RS IN 11
TITLE Namê	PD WAGNER, PAUL R	☐ Delete	TITLE		,	☐ Change	☐ Addition \ S
STREET ADDRESS CITY-ST-2P	3100 HARTFORD ST N APT 207 SAINT PETERSBURG, FL 33713		NAME STHEET ADDRESS CITY-ST-21P		•		Addition State
TITLE	sv	Delete	TOLE	VICE	- President	□ Change	Addition
NAME	WILLIS, BARRY	/	NAME	Debr	a Whoner		5
STREET ADDRESS CITY-ST-ZIP	10537 DIXON DR N SEMINOLE, FL 33772		STREET ADDRESS City-St-Zip	5416	N. ELECAM	Brin	
117LE	SCHINOLE, FL 33772	☐ Defete	1ftle	Beve	rly Hills, FL	. Change	Addition
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CITY-ST-ZIP			STREET ADDRESS City-St-Zip				
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CITY-ST-ZP	_		CITY-ST-ZIP				}
TITLÉ	1.0	☐ Delete	TITLE	-		Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZP			STREET ADDRESS City-St-2ip	•			
	certify that the information conniced with the	is filling class not qualify for th		ed in Section	110 07/3Yi\ Ekaida Statidas	1 further contife that the	Information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 AND TURE AND TURE OF SIGNING OFFICER OR DIRECTOR UAGNET 4-21-03 \$52-746-4178							
	SUMMITURE NIM I BEED ON FINE	······································	with /		U##	CENTRA PROPER	,