## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2003 8:00 am **Secretary of State** 853748 DOCUMENT # 01-23-2003 90131 039 \*\*\*150.00 1. Entity Name MRS. STRATTON'S SALADS, INC. /25001000000 Principal Place of Business Mailing Address 380 INDUSTRIAL LANE PO BOX 190187 **BIRMINGHAM AL 35211-7129 BIRMINGHAM AL 35219-0187** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 63-0639589 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent \_Name \_ CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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: Begistered Agent signature required when reinstating) DATE FILE NOW!!! FEE 15 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEOD ☐ Addition Change TITLE Delete TITI F BRADFORD, JOHN M NAME NAME 380 INDUSTRIAL LN STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition BRADFORD, GEORGE W NAME NAME 380 INDUSTRIAL LN STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL 35211** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE FULKERSON, VANCE R \_\_\_ NAME NAME 380 INDUSTRIAL LN. STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL 35211** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE mask, Timothy NAME NAME 880 Industrial LD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an atta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered