# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 25, 2002 8:00 am**
**Secretary of State**
06-25-2002 90450 016 ***550.00

DOCUMENT # 854829

1. Entity Name

JERRY'S FOODS, INCORPORATED

**DO NOT WRITE IN THIS SPACE**

B0125635

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5101 VERNON AVENUE SOUTH | 5101 VERNON AVENUE SOUTH |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: EDINA, MN | City & State: EDINA, MN |
| Zip: 55436 Country: USA | Zip: 55436 Country: USA |

4. FEI Number: 41-0834686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: BENHAM, BRIAN

Street Address (P.O. Box Number is Not Acceptable): 1700 PERIWINKLE WAY

City: SANIBEL **FL** Zip Code: 33957

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | | |
|---|---|---|---|
| TITLE | PC | TITLE | |
| NAME | PAULSON, GERALD A | NAME | |
| STREET ADDRESS | 6528 CHEROKEE TRAIL | STREET ADDRESS | |
| CITY - ST - ZIP | EDINA, MN | CITY - ST - ZIP | |
| TITLE | VP | TITLE | |
| NAME | GERDES, DAVID | NAME | |
| STREET ADDRESS | 715 WINDEMERE DRIVE | STREET ADDRESS | |
| CITY - ST - ZIP | PLYMOUTH, MN | CITY - ST - ZIP | |
| TITLE | VP | TITLE | |
| NAME | DIXON, KENT D | NAME | |
| STREET ADDRESS | 109 CLOVER LANE | STREET ADDRESS | |
| CITY - ST - ZIP | DELANO, MN | CITY - ST - ZIP | |
| TITLE | V | TITLE | |
| NAME | GERMAIN ST., GEORGE | NAME | |
| STREET ADDRESS | 16 ECHO DELLWOOD | STREET ADDRESS | |
| CITY - ST - ZIP | WHITE BEAR LAKE, MN | CITY - ST - ZIP | |
| TITLE | V | TITLE | |
| NAME | SHADDUCK, ROBERT | NAME | |
| STREET ADDRESS | CLEARWATER LAKE | STREET ADDRESS | |
| CITY - ST - ZIP | ANNANDALE, MN | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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

**SIGNATURE:** Kent O Dixon Kent O. Dixon 6/17/02 (952)922-8335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1