

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90733 025 ***150.00

DOCUMENT # 854829

1. Entity Name
JERRY'S FOODS, INCORPORATED



Principal Place of Business
**5101 VERNON AVENUE SOUTH
EDINA MN 55436**

Mailing Address
**5101 VERNON AVENUE SOUTH
EDINA MN 55436**

2. Principal Place of Business
1700 Periwinkle Way
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Sanibel

City & State

4. FEI Number **41-0834686**

Applied For
Not Applicable

Zip **FL** Country **33957**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENHAM, BRIAN
1700 PERIWINKLE WAY
SANIBEL FL 33957**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: Registered Agent signature required when reinstating)

DATE

**FEE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
NAME **PAULSEN, GERALD A.**
STREET ADDRESS **6528 CHEROKEE TRAIL**
CITY-ST-ZIP **EDINA MN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **GERDES, DAVID**
STREET ADDRESS **715 WINDEMERE DRIVE**
CITY-ST-ZIP **PLYMOUTH MN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DIXON, KENT-D.**
STREET ADDRESS **109 CLOVER LANE**
CITY-ST-ZIP **DELANO MN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GERMAIN ST., GEORGE**
STREET ADDRESS **16 ECHO DELLWOOD**
CITY-ST-ZIP **WHITE BEAR LAKE MN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SHADDUCK, ROBERT**
STREET ADDRESS **CLEARWATER LAKE**
CITY-ST-ZIP **ANNANDALE MN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

KENT D. DIXON **VP-Finance** **5/1/03** **952-922-8835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)