

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90017 034 ***150.00

DOCUMENT # F01000002862

1. Entity Name

CAPE COD POTATO CHIP COMPANY INC.

Principal Place of Business

**P.O. BOX 32368
 CHARLOTTE NC 28232**

Mailing Address

**P.O. BOX 32368
 CHARLOTTE NC 28232**

2. Principal Place of Business

100 Breed's Hill Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hyannis MA

City & State

Charlotte NC

Zip

02601

Country

Zip

Country

4. FEI Number

04-3311412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **DCEO** ☐ Delete
 NAME **STROUP, PAUL A**
 STREET ADDRESS **3928 SILVERBELL DRIVE**
 CITY-ST-ZIP **CHARLOTTE NC 28211**

TITLE **VD** ☐ Delete
 NAME **PRESLAR, B. CLYDE**
 STREET ADDRESS **4331 LINKS DRIVE**
 CITY-ST-ZIP **CHARLOTTE NC 28277**

TITLE **P** ☐ Delete
 NAME **CUSANO, ANTHONY**
 STREET ADDRESS **100 BREED'S HILL ROAD**
 CITY-ST-ZIP **HYANNIS MA 02601**

TITLE **S** ☒ Delete
 NAME **CARLES, ROBERT S**
 STREET ADDRESS **3516 NANCY CREEK ROAD**
 CITY-ST-ZIP **CHARLOTTE NC 28270**

TITLE **AS** ☐ Delete
 NAME **WICKLUND, MARGARET E**
 STREET ADDRESS **2144 ALMANCE COURT**
 CITY-ST-ZIP **ROCK HILL SC 29232**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
 Date

Daytime Phone #

CR2E034 (9/01)