

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90148 038 ***150.00

DOCUMENT # F01000005793

1. Entity Name
DAIRY MEATS (USA) INC.

Principal Place of Business Mailing Address
20 WESTPORT RD. STE 320 **20 WESTPORT RD. STE 320**
WILTON CT 06897 **WILTON CT 06897**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **25-1666757** 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	P	<input type="checkbox"/> Delete
NAME	MCKINLEY, RON	
STREET ADDRESS	20 WESTPORT RD, STE 320	
CITY-ST-ZIP	WILTON CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAYLIS, ARTHUR W	
STREET ADDRESS	96 NEW NORTH RD EDEN TERRACE	
CITY-ST-ZIP	AUCKLAND, NEW ZEALAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERS, PAUL D	
STREET ADDRESS	96 NEW NORTH RD EDEN TERRACE	
CITY-ST-ZIP	AUCKLAND, NEW ZEALAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAYLIS, ARTHUR W <i>Duplicate</i>	
STREET ADDRESS	96 NEW NORTH RD EDEN TERRACE	
CITY-ST-ZIP	AUCKLAND, NEW ZEALAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKE, GORDON J	
STREET ADDRESS	96 NEW NORTH RD EDEN TERRACE	
CITY-ST-ZIP	AUCKLAND, NEW ZEALAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLYDE, PETER M	
STREET ADDRESS	96 NEW NORTH RD EDEN TERRACE	
CITY-ST-ZIP	AUCKLAND, NEW ZEALAND	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINLEY, RONALD	
STREET ADDRESS	20 WESTPORT RD, STE 320	
CITY-ST-ZIP	WILTON, CT	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN S. PARKER	
STREET ADDRESS	96 NEW NORTH RD EDEN TERRACE	
CITY-ST-ZIP	AUCKLAND, NEW ZEALAND	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEATH, DONALD M.	
STREET ADDRESS	96 NEW NORTH RD EDEN TERRACE	
CITY-ST-ZIP	AUCKLAND, NEW ZEALAND	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)