

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/10/2003-90065-030-\$150.00-\$150.00

FILED

SEP 25 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000565

1. Entity Name
THE MAIN INGREDIENT, INC.



Principal Place of Business
**3271 WAKE ROBIN DR.
ATLANTA GA 30341**

Mailing Address
**3271 WAKE ROBIN DR.
ATLANTA GA 30341**



2. Principal Place of Business
TALLAHASSEE, FLORIDA

3. Mailing Address
1710 W. THARPE ST

Suite, Apt. #, etc.
1710 W. THARPE ST

Suite, Apt. #, etc.

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

Zip
32303

Country
USA

Zip
32303

Country
USA

4. FEI Number **59-3755344**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARD, JUDSON
1710 W. THARPE STREET
TALLAHASSEE FL 32303**

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]* DATE: **08/30/03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PCD PICKETT, DAVID**
STREET ADDRESS **3271 WAKE ROBIN DRIVE**
CITY-ST-ZIP **ATLANTA GA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **800023338238
09/25/03--01047--006 **400.00**

TITLE Delete
NAME **S WARD, JUDSON**
STREET ADDRESS **3912 CATES AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8-4-03** Daytime Phone #: **850-383-8333**

CR12034 (4/03)