

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90070 016 \*\*\*150.00

**DOCUMENT # F02000003168**

1. Entity Name  
**MACKNIGHT SMOKED FOODS, INC.**



Principal Place of Business  
**C/O FCP INVESTORS, INC.  
601 NORTH ASHLEY DRIVE, 5TH FLOOR  
TAMPA FL 33602**

Mailing Address  
**C/O FCP INVESTORS, INC.  
601 NORTH ASHLEY DRIVE, 5TH FLOOR  
TAMPA FL 33602**



2. Principal Place of Business  
**10150 Highland Manor Dr**  
Suite, Apt. #, etc.

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

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Tampa, FL**  
Zip  
**33610** Country  
**USA**

City & State

Zip

Country

4. FEI Number **APPLIED FOR**  
**04-3686114**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William L. Byers  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE 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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>WONG, FELIX J</b>	<b>601 NORTH ASHLEY DRIVE, 5TH FLOOR</b>	<b>TAMPA FL 33602</b>	<input type="checkbox"/>
	<b>FRANZ, PETER B</b>	<b>601 NORTH ASHLEY DRIVE, 5TH FLOOR</b>	<b>TAMPA FL 33602</b>	<input type="checkbox"/>
	<b>Brett Milligan</b>	<b>10150 Highland Manor Dr</b>	<b>Tampa, FL 33610</b>	<input type="checkbox"/>
	<b>William Byers</b>	<b>10150 Highland Manor Dr</b>	<b>Tampa, FL 33610</b>	<input type="checkbox"/>
	<b>Math Young</b>	<b>601 North Ashley Dr, 5th Floor</b>	<b>Tampa, FL 33602</b>	<input type="checkbox"/>
	<b>Jeffrey Heck</b>	<b>601 North Ashley Dr, 5th Floor</b>	<b>Tampa, FL 33602</b>	<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: William L. Byers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/18/03**

CR2E034 (10/02)