

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91439 044 ***150.00

0024700 AT

DOCUMENT # F93000003848

1. Entity Name
D&C FOODS, INC.



Principal Place of Business
**4015 WETHERBURN WAY
BUILDING B. STE. 200
NORCROSS GA 30092**

Mailing Address
**4015 WETHERBURN WAY
BUILDING B. STE. 200
NORCROSS GA 30092**

2. Principal Place of Business
4030 JOHNS CREEK PARKWAY

3. Mailing Address
4030 JOHNS CREEK PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUWANEE, GA

City & State
SUWANEE, GA

4. FEI Number **58-1954941**

Applied For
Not Applicable

Zip
30024

Country
USA

Zip
30024

Country
USA

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

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

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOOVER, CARL HAYES 4015 WETHERBURN WAY, BLDG. B, #200 NORCROSS GA 30092 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HOOVER, DUANE L 4015 WETHERBURN WAY, BLDG. B, #200 NORCROSS GA 30092 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BENNETT, PATRICIA H 4015 WETHERBURN WAY, BLDG. B, #200 NORCROSS GA 30092 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOOVER, DUANE L 4015 WETHERBURN WAY, BLDG. B, #200 NORCROSS GA 30092 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOOVER, CARL HAYES 4030 JOHNS CREEK PARKWAY SUWANEE, GA 30024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HOOVER, DUANE L 4030 JOHNS CREEK PARKWAY SUWANEE, GA 30024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of Duane L. Hoover
SIGNATURE REQUIRED DUANE L. HOOVER

4/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)