

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005319

1. Entity Name

OLD DUTCH FOODS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90427 004 ***150.00

Principal Place of Business

5410 TYSON AVENUE W
TAMPA FL 33611-3200

Mailing Address

PO BOX 13376
TAMPA FL 33681
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **16-0823534**

Apply For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, RANDALL W
5410 W TYSON AVE
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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, 2001 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
NAME
STREET ADDRESS
CITY-STATE-ZIP
PTD
SMITH, RANDALL W
3016 COLONIAL RIDGE DRIVE
BRANDON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DVS
SMITH, DAVID
533 SUWANNEE CIRCLE
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SD
SMITH, SADIE W
4619 RIDGECLIFF DRIVE
BRANDON FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition

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

PRESIDENT (RANDALL W SMITH) 4/20/01 (813)831-9920

Date

Daytime Phone #

CR2E034 (10/00)

UBR2310

C0055025



DO NOT WRITE IN THIS SPACE