

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000593

1. Entity Name

DAWN FOOD PRODUCTS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90072 012 ***150.00

Principal Place of Business
2021 MICOR DRIVE
JACKSON MI 49203

Mailing Address
2021 MICOR DRIVE
JACKSON MI 49203-3448

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 35-1438925 Applied For Not Applicable

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 ROAD
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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME JONES, RONALD L
STREET ADDRESS 2021 MICOR DRIVE
CITY-ST-ZIP JACKSON MI

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

TITLE S ☐ Delete
NAME JONES, MARVEL C
STREET ADDRESS 2021 MICOR DRIVE
CITY-ST-ZIP JACKSON MI

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

TITLE VD ☐ Delete
NAME JONES, MILES E
STREET ADDRESS 2021 MICOR DRIVE
CITY-ST-ZIP JACKSON MI

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

TITLE TD ☐ Delete
NAME STAELENS, PETER J
STREET ADDRESS 2021 MICOR DRIVE
CITY-ST-ZIP JACKSON MI

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

TITLE V ☐ Delete
NAME CROW, PHILIP E
STREET ADDRESS 2021 MICOR DRIVE
CITY-ST-ZIP JACKSON MI 49203

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

TITLE V ☐ Delete
NAME NALLY, JOHN C
STREET ADDRESS 2021 MICOR DRIVE
CITY-ST-ZIP JACKSON MI

TITLE ☐ Change ☐ 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 #

Peter J. Staelens
Treasurer
4-7-00 517-789-4400

CR2E034 (9/99)