

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90101 047 \*\*\*150.00

**DOCUMENT # F94000000593**

**1. Entity Name**  
**DAWN FOOD PRODUCTS, INC.**



**Principal Place of Business**  
**2021 MICOR DRIVE**  
**JACKSON MI 49203**

**Mailing Address**  
**2021 MICOR DRIVE**  
**JACKSON MI 49203**

**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**

☐ CHECK HERE IF MAKING CHANGES

**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**

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**  
**Mail 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	PD	<input type="checkbox"/> Delete
NAME	JONES, RONALD L	
STREET ADDRESS	2021 MICOR DRIVE	
CITY-ST-ZIP	JACKSON MI	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, MARVEL C	
STREET ADDRESS	2021 MICOR DRIVE	
CITY-ST-ZIP	JACKSON MI	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, MILES E	
STREET ADDRESS	2021 MICOR DRIVE	
CITY-ST-ZIP	JACKSON MI	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STAELENS, PETER J	
STREET ADDRESS	2021 MICOR DRIVE	
CITY-ST-ZIP	JACKSON MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	NALLY, JOHN C	
STREET ADDRESS	2021 MICOR DRIVE	
CITY-ST-ZIP	JACKSON MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-3-2003**

Date

Daytime Phone #

**517-  
789-4434**

CR2E034 (10/02)