

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**  
 05-30-2002 91589 001 \*\*\*150.00

**DOCUMENT # F94000002725**

1. Entity Name

**SHAPIRO PACKING COMPANY, INC.**

Principal Place of Business

**P.O. BOX 119  
 AUGUSTA GA 30903**

Mailing Address

**P.O. BOX 119  
 AUGUSTA GA 30903**

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

**58-0525293**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MCMENAMY, WILLIAM B  
 50 N. LAURA ST., STE. 2925  
 JACKSONVILLE FL 32202**

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.

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, 2002 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 **P** ☐ Delete  
 NAME **SHAPIRO, NORMAN**  
 STREET ADDRESS **3534 STEVENS WAY**  
 CITY-ST-ZIP **AUGUSTA GA**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Francois Leger**  
 STREET ADDRESS **1356 Overbrook Road**  
 CITY-ST-ZIP **Wynnewood PA 19096-3633**

TITLE **VP** ☐ Delete  
 NAME **DEAN, JEROME**  
 STREET ADDRESS **1110 RED ROSE LANE**  
 CITY-ST-ZIP **VILLANOVA PA 19085**

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

TITLE **ST** ☐ Delete  
 NAME **COGGINS, JOHN J**  
 STREET ADDRESS **1220 BRENTFORD LANE**  
 CITY-ST-ZIP **MALVERN PA**

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

TITLE **D** ☐ Delete  
 NAME **GINADER, GEORGE**  
 STREET ADDRESS **401 CITY AVE., STE 800**  
 CITY-ST-ZIP **BALA CYNWYD PA**

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

TITLE **D** ☐ Delete  
 NAME **PELINO, JOHN**  
 STREET ADDRESS **401 CITY AVE., STE 800**  
 CITY-ST-ZIP **BALA CYNWYD PA**

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

TITLE **ED** ☐ Delete  
 NAME **LOTMAN, HERBERT**  
 STREET ADDRESS **401 CITY AVE., STE 800**  
 CITY-ST-ZIP **BALA CYNWYD PA**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

865750  
#F94000002725



Five Tower Bridge  
300 Barr Harbor Drive, Suite 600  
West Conshohocken, PA 19428-2998  
(610) 668-6742 • Fax (610) 667-2966

May 1, 2002

Limited Liability Company  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Enclosed please find the following tax return for 2002:

Company

First Coast Meat & Seafood, LLC

Form

Florida Uniform Business Report

Please acknowledge receipt of this letter by signing the enclosed copy of this letter and returning it in the enclosed self-addressed stamped envelope.

Sincerely,

Hector Carrasquillo  
Assistant Treasurer

/gs  
Enclosure

Certified # 7001 1940 0000 2776 5184

Received: \_\_\_\_\_

Attachment

865750  
#F9400000 2725



Five Tower Bridge  
300 Barr Harbor Drive, Suite 600  
West Conshohocken, PA 19428-2998  
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