## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 30, 2002 8:00 am Secretary of State **DOCUMENT #** F94000002725 1. Entity Name 05-30-2002 91589 001 \*\*\*150.00 SHAPIRO PACKING COMPANY, INC. Principal Place of Business Mailing Address P.O. BOX 119 P.O. BOX 119 **AUGUSTA GA 30903** AUGUSTA GA 30903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-0525293 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCMENAMY, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 50 N. LAURA ST., STE. 2925 JACKSONVILLE FL 32202 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Change ☐ Delete TITLE ☐ Addition SHAPIRO, NORMAN Francois Leger 1354 OverbrookRoad NAME NAME STREET ADDRESS 3534 STEVENS WAY STREET ADDRESS CITY-ST-ZIP AUGUSTA GA CITY-ST-ZIP Wynnewood PA 19096-3633 TITLE ☐ Delete TITLE ☐ Addition NAME DEAN, JEROME NAME STREET ADDRESS 1110 RED ROSE LANE STREET ADDRESS CITY-ST-ZIP VILLANOVA PA 19085 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME COGGINS, JOHN J STREET ADDRESS STREET ADDRESS 1220 BRENTFORD LANE CITY-ST-ZIP CITY-ST-ZIP MALVERN PA TITLE ☐ Delete TITLE ☐ Change ■ Addition GINADER, GEORGE NAME NAME STREET ADDRESS 401 CITY AVE., STE 800 STREET ADDRESS CITY-ST-ZIP **BALA CYNWYD PA** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PELINO, JOHN NAME STREET ADDRESS 401 CITY AVE., STE 800 STREET ADDRESS CITY-ST-ZIP BALA CYNWYD PA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LOTMAN, HERBERT NAME STREET ADDRESS 401 CITY AVE., STE 800 STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

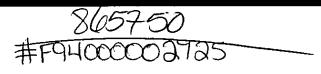
BALA CYNWYD PA

CITY-ST-7IP

25 REQUIRED

Daytime Phone #

Attachment





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

**Form** 

First Coast Meat & Seafood, LLC

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/

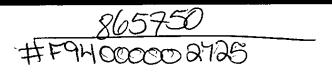
Hector Carrasquillo
Assistant Treasurer

/gs
Enclosure

Certified # 7001 1940 0000 2776 5184

Received:

Attachment





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May 1, 2002

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Assistant Treasurer

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