

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90014 047 ***150.00

DOCUMENT # F96000001299

1. Entity Name

METROPOLITAN FOODS, INC.

Principal Place of Business

Mailing Address

736-D ST ANDREWS RD-BOX 156
 COLUMBIA SC 29210

736-D ST ANDREWS RD-BOX 156
 COLUMBIA SC 29210-5137

2. Principal Place of Business

3. Mailing Address

736-D ST ANDREWS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 156

City & State

COLUMBIA, SC

4. FEI Number

58-1868009

Applied For

Not Applicable

Zip

Country

Zip

29210-5137

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	DC	<input type="checkbox"/> Delete
NAME	BOLCH, CARL JR	
STREET ADDRESS	300 TECHNOLOGY CT	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLCH, SUSAN BASS	
STREET ADDRESS	300 TECHNOLOGY CT	
CITY-ST-ZIP	SMYRNA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENKER, MAX	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	DUMBACHER, ROBERT J	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WOOD, JAMES O	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LANDAU, HARRIET	
STREET ADDRESS	900 HERITAGE PL	
CITY-ST-ZIP	DECATUR GA 30033	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TCFO/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT M. STIER	
STREET ADDRESS	300 Technology Court	
CITY-ST-ZIP	SMYRNA, GA 30082	

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000 (770) 431-7600, x. 1188
 Date Daytime Phone #