

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006098

1. Entity Name

LYKES MEAT GROUP, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90123 019 ***150.00

00010232



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
200 COMMERCE ST SMITHFIELD VA 23430 US	C/O SECRETARY P.O. BOX 449 SMITHFIELD VA 23431-0449 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	54-1823378	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

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.

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	CEOC	<input type="checkbox"/> Delete
NAME	LUTER, JOSEPH W III	
STREET ADDRESS	200 COMMERCE ST	
CITY-ST-ZIP	SMITHFIELD VA 23430	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLE, MICHAEL H	
STREET ADDRESS	200 COMMERCE ST	
CITY-ST-ZIP	SMITHFIELD VA 23430	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, LEWIS R	
STREET ADDRESS	200 COMMERCE ST	
CITY-ST-ZIP	SMITHFIELD VA 23430	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BUTLER, LISA R	
STREET ADDRESS	200 COMMERCE STREET	
CITY-ST-ZIP	SMITHFIELD VA 23430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Larry Pope	
STREET ADDRESS	200 Commerce Street	
CITY-ST-ZIP	Smithfield VA 23430	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel G. Stevens	
STREET ADDRESS	200 Commerce Street	
CITY-ST-ZIP	Smithfield, VA 23430	
TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> 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: Lisa R. Butler 1-16-01 (757) 365-3026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)