

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90120 043 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** G22132  
Entity Name  
POULTRY KING, INC.

Principal Place of Business  
% LANCE S. DAVIS  
776 N.W. 44TH ST.  
SUNRISE FL 33351-6204

Mailing Address  
% LANCE S. DAVIS  
776 N.W. 44TH ST.  
SUNRISE FL 33351-6204



Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2244227** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DAVIS, LANCE S.  
776 N.W. 44TH ST.  
SUNRISE FL 33321

7. Name and Address of New Registered Agent  
Name **LYLE VISELMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**7776 NW 44 ST**  
City **SUNRISE** FL Zip Code **33321**

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 *Lance S Davis* LANCE S DAVIS X  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

8. 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 NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, MIRIAM 7776 NW 44TH ST SUNRISE, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LYLE VISELMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7776 NW 44TH ST</b> <b>SUNRISE FLT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 687, 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: X SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 3/8/02  
Date Daytime Phone #

9547422442

CR2E034 (9/01)