

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90128 037 \*\*\*\*55.00

**DOCUMENT # L01000017070**

1. Entity Name

**CARBILL FOODS, L.L.C.**

Principal Place of Business

**79 MONARCH LANE  
PENSACOLA FL 32503**

Mailing Address

**79 MONARCH LANE  
PENSACOLA FL 32503**

2. Principal Place of Business

**4625 66th St., North**

Suite, Apt. #, etc.

3. Mailing Address

**8400 49th St., N., #1612**

Suite, Apt. #, etc.

City & State

**Kenneth City, FL**

City & State

**Pinellas Park, FL**

Zip

**33709**

Country

**Pinellas**

Zip

**33781**

Country

**Pinellas**

4. FEI Number

**52-2362658**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, CARL L  
79 MONARCH LANE  
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name

**Carl L. Thompson**

Street Address (P.O. Box Number is Not Acceptable)

**8400 49th Street North #1615**

City

**Pinellas Park**

**FL**

Zip Code

**33781**

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

*Carl L. Thompson*  
Signature, typed or printed name of registered agent and title if applicable.

**Carl L. Thompson**

**7-18-02**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGING MEMBER ☐ Delete  
CARL L. THOMPSON  
79 MONARCH LANE  
PENSACOLA, FL 32503**

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Carl L. Thompson*  
**SIGNATURE REQUIRED**

**Carl L. Thompson**

**July 18, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)