

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000020784

FILED  
Apr 04, 2002 8:00 AM  
Secretary of State

**Entity Name:** LAKELAND FOOD DISTRIBUTORS, LLC

**Current Principal Place of Business:**

3049 DRANE FIELD ROAD, SUITE 11  
LAKELAND, FL 33811

**New Principal Place of Business:**

3049 DRANE FIELD ROAD  
SUITE#11  
LAKELAND, FL 33811 US

**Current Mailing Address:**

P.O. BOX 3268  
PLANT CITY, FL 33564

**New Mailing Address:**

**FEI Number:** 59-3760731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GLENN, AMY  
2875 GOLF LAKE DRIVE  
PLANT CITY, FL 33567 US

**Name and Address of New Registered Agent:**

GLENN, AMY  
2785 GOLF LAKE DRIVE  
PLANT CITY, FL 33567 US

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: AMY GLENN

04/04/2002

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: GLENN, AMY  
Address: 3049 DRANE FIED RD SUITE#11  
City-St-Zip: LAKELAND, FL 33811 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: AMY GLENN

MGRM

04/04/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date