

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000642

1. Entity Name
WHARF FOODS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:40

mf 3/27



DO NOT WRITE IN THIS SPACE

Principal Place of Business
619 S. PALAFOX
PENSACOLA FL 32501

Mailing Address
619 S. PALAFOX
PENSACOLA FL 32501-5944

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3285242 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNUDSEN, DAVID
619 S. PALAFOX
PENSACOLA FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME KNUDSEN, DAVID
STREET ADDRESS 619 S. PALAFOX
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100003188931--3
CITY-ST-ZIP -03/29/00--01074--005
***\$50.00 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

DAVID W. KNUDSEN

3-16-00

850-434-0001

CR2E083 (9/99)