

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004315

1. Entity Name

ALL SOUTH MEATS, L.L.C.

Principal Place of Business

2122 SECOND STREET  
FORT MYERS FL 33901

Mailing Address

2122 SECOND STREET  
FORT MYERS FL 33901

2. Principal Place of Business

12575 S. C1

Suite, Apt. #, etc.

3. Mailing Address

12575 S. Cleveland Ave

Suite, Apt. #, etc.

City & State

FT. Myers FL

City & State

FT. Myers FL

Zip

33907

Country

USA

Zip

33907

Country

USA

4. FEI Number

65-0935825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

GREEN, BRUCE D  
12800 UNIVERSITY DRIVE, SUITE 600  
FORT MYERS FL 33907

## 7. Name and Address of New Registered Agent

Name Paul D Peden

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

12575 S. Cleveland Ave

City FT. Myers

FL

Zip Code 33907

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

*Paul D Peden*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/00

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

400003335244-0  
-07/25/00-01061-010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME PEDEN, PAUL D  
STREET ADDRESS 2122 SECOND STREET  
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12575 S. Cleveland Ave  
CITY-ST-ZIP FT. Myers FL 33907

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

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

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

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

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:

*Paul D Peden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

7/13/00 941-275-6700

Daytime Phone #

CR2E083 (5/00)