

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P17088**

1. Entity Name

MEADOWBROOK MEAT COMPANY, INC.

Principal Place of Business

**2641 MEADOWBROOK RD.
ROCKY MOUNT NC 27801
US**

Mailing Address

**P.O. BOX 800
ROCKY MOUNT NC 27802
US**

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

56-1177692

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	WORDSWORTH, JERRY L.	120 CANDLEWOOD ROAD ROCKY MOUNT NC	<input type="checkbox"/>

	VD	WORDSWORTH, STEVE A	100 CREEKSIDE DRIVE ROCKY MOUNT NC	<input type="checkbox"/>
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	SD	DAUGHTRIDGE, DEBBIE W.	3820 WOODLAWN RD ROCKY MOUNT NC	<input type="checkbox"/>
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	D	WORDSWORTH, J R	RT 2 ROCKY MOUNT NC	<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie W. Daughtridge
Treas.

4-23-01

Date

252-985-7212

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90088 033 ***150.00

C0060868

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)