

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90276 001 ***550.00

DOCUMENT # P39288

1. Entity Name
CENTRAL GARDEN & PET COMPANY

Principal Place of Business
3697 MT DIABLO BLVD
STE 310
LAFAYETTE CA 93549
US

Mailing Address
3697 MT DIABLO BLVD
STE 310
DALLAS TX 75265-5650
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **68-0275553**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~C-T-CORPORATION-SYSTEM~~
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCCE	<input type="checkbox"/> Delete
NAME	BROWN, WILLIAM E	
STREET ADDRESS	3697 MT DIABLO BLVD STE 310	
CITY-ST-ZIP	LAFAYETTE CA 94549	
TITLE	DPCO	<input type="checkbox"/> Delete
NAME	NOVOTNY, GLENN W	
STREET ADDRESS	3697 MT DIABLO BLVD STE 150	
CITY-ST-ZIP	LAFAYETTE CA 94549	
TITLE	DVPC	<input checked="" type="checkbox"/> Delete
NAME	HAINES, LEE D JR	
STREET ADDRESS	3697 MT DIABLO BLVD STE 310	
CITY-ST-ZIP	LAFAYETTE CA 94549	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOGAN, DAINEL P JR	
STREET ADDRESS	3697 MT DIABLO BLVD STE 310	
CITY-ST-ZIP	LAFAYETTE CA 34549	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENNINGTON, BROOKS M III	
STREET ADDRESS	3697 MT DIABLO BLVD SUITE 310	
CITY-ST-ZIP	LAFAYETTE CA 95459	
TITLE	D	<input type="checkbox"/> Delete
NAME	WESTPHAL, BRUCE A	
STREET ADDRESS	3697 MT DIABLO BLVD, SUITE 310	
CITY-ST-ZIP	LAFAYETTE CA 95459	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stuart Booth	
STREET ADDRESS	3697 Mt Diablo Blvd, Ste 310	
CITY-ST-ZIP	Lafayette, Ca 94549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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: Stuart Booth
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/02
 Date

Daytime Phone #

CR2E034 (4/02)