2002 UNIFORM BUSINESS REPORT (UBR)

Sep 03, 2002 8:00 am Secretary of State DOCUMENT # - P93000005874 1. Entity Name 09-03-2002 90112 003 ***150.00 MIDWESTERN MEATS, INC. Mailing Address Principal Place of Business 1711 BLANDING BLVD 1711 BLANDING BLVD JACKSONVILLE FL 32210-1901 JACKSONVILLE FL 32210-1901 2. Principal Place of Business. 3. Mailing Address 3641 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For City & State 59-3161177 ove sile Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAPITAL CONNECTION, INC. Street Address (P.O. Box Number is Not Acceptable) 417 E VIRGINIA ST SUITE 1 TALLAHASSEE FL 32302 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CEOP ☐ Addition ☐ Change TITLE ☐ Delete TITLE Kelly, James NAME NAME 3641 SPYGLASS COURT STREET ADDRESS STREET ADDRESS **GREEN COVE SPRINGS FL 32043** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE REAL PROCESS COUNTY AND CO. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE

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 in changed, or on an attachment with an address, with all ther like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

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P01000089947 124748

3641 SPYGLASS CT GREEN COVE SPRINGS FLORIDA 32043 (904) 613 2334

FROZENFDS@AOL.COM

AUGUST 10, 2002

TO WHOM IT MAY CONCERN.

I MAILED IN TWO UBR REPORTS. ONE FOR MIDWESTERN MEATS, INC. AND ONE FOR GENUINE MIDWESTERN BEEF, INC. YOU SEND ONE BACK TO ME CAUSE I USED MY S.S. # ON ONE REPORT INSTEAD OF THE FEI NUMBER. ONLY ONE CHECK WAS CASH.

I AM NOT SURE WHICH CHECK WAS CASH FOR WHICH COMPANY SO INCLOSED IS A REPLACEMENT CHECK FOR \$150.00, ALONG WITH TWO MORE REPORTS SIGNED AND DATED WITH MY PHONE NUMBER.

I HOPE THIS WILL CLOSE THIS MATTER. THANK YOU FOR YOUR ATTENTION.

Sincerely,

JAMES KELIA