

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90016 005 ***150.00

DOCUMENT # P93000032897

1. Entity Name

STAFFORD FOODS OF FLORIDA, INC.

Principal Place of Business

**1805 US HWY 82 WEST
TIFTON GA 31794
US**

Mailing Address

**P.O. BOX 269
TIFTON GA 31793**

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

58-2046754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALKER, ADRON H
802 11TH STREET WEST
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name **C T Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City **Plantation**

FL

Zip Code **33324**

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

Shelley Savage

**Shelley Savage
Vice President**

4/16/02

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, 2002 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 **P** ☒ Delete
NAME **STAFFORD, D.N.**
STREET ADDRESS **FULWOOD BLVD.**
CITY-ST-ZIP **TIFTON GA**

TITLE **V** ☐ Delete
NAME **STAFFORD, DENEAN I**
STREET ADDRESS **2010 EMORY DRIVE**
CITY-ST-ZIP **TIFTON GA**

TITLE **T** ☐ Delete
NAME **JONES, FRANK J JR**
STREET ADDRESS **49 PEARMAN RD**
CITY-ST-ZIP **CHULA GA**

TITLE **S** ☐ Delete
NAME **ARNOLD, W H J**
STREET ADDRESS **207 ADAMS RD**
CITY-ST-ZIP **CHULA GA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P** ☒ Change ☐ Addition
NAME **Stafford, DeNean III**
STREET ADDRESS **2010 Emory Drive**
CITY-ST-ZIP **Tifton GA 31794**

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

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

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

TITLE ☐ Change ☐ 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:

Shelley Savage

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2002

Date

(229) 386-0552

Daytime Phone #

CH2E034 (9/01)