5/1

2001 UNIFORM BUSINESS REP©R™ (UBR)

1. Entity Nam	MENT # P950000 ealand dairy services (la		• . •		Secretary of State 05-11-2001 90034 020 ***150.00					
Principal Place of Business ONE FINANCIAL PLAZA SUITE 2700		Mailing Address One Financial Plaza Suite 2700				·				
FORT LAUDERD	DALE FL 33394	FORT LAUDERDALE FL 33394				E STUBBLE DE STO TOURS DISTRIBUTER	1841 1841 1844 1	1919 (581) 14 19 (681	OH NOON HEERI	
2. Principal Place of Business		3. Malling Address								
Suite, Apt.		Suite, Apt. #, etc.					VRITE IN THIS			
City & State Zip Country		City & State		Duntry		El Number 65-0581			plied For of Applicable	
				··· <i>y</i>		Certificate of Status Desire		Fee Require		
	6. Name and Address of Current F	egistered Agent		Name		lame and Address of Ne				
MURDOCH, ROBERT E ESQ. JOHNSON, ANSELMO, MURDOCH, ET AL, P.A. 790 E. BROWARD BLVD., SUITE 400 FORT LAUDERDALE FL 33301-			• •	Street Address (P.O. Box Number is Not Acceptable) City Zip Code						
Signature, typod or printed name of registered agent 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE After MAY 1, 2001 Fee Make Check Payable to D		IS \$150.0 will be \$5	\$550.00 Trust Fund Contribution. Added to F			I to Fees		
11. TITLE NAME SYREET ADDRESS CITY-ST-ZIP	OFFICERS AND I PD EGUNGTON, SCOTT ONE FINANICAL PLAZA, 2700 FORT LAUDERDALE FL	DIRECTORS Delote	ì	£	MANAGI JIM HER ONE FIN	DITIONS/CHANGES TO NG DIRECTOR PBURN IANCIAL PLAZA, UDERDALE, FL	2700	D DIRECTOR	Addition (A) (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONGE, STEVE ONE FINANICAL PLAZA, #2700 FORT LAUDERDALE FL 33394	፟ Delete E ZA, #2700		E IE EET ADDRESS '- S1 - Z1P	FINANC MATTHEM ONE FIN	FINANCE MANAGER MATTHEW FOSTER ONE FINANCIAL PLAZA, 2700 FORT LAUDERDALE, FL. 33394			Addition &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					- 33391-	☐ Change	☐ Addilion	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	•
indicated of the co	certify that the information supplied with d on this report or supplemental report is provation or the receiver or trustee emport, d, or on an attachment with in address, v	true and accurate and that my owered to execute this report as with all pther like empowered.	signa	ituré shall h	ave the same	legal effect as if made un	der oath; that	i am an otticei	or director	
SIGNAT	TURE: /WWW.	N bost								