

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90490 013 ***150.00

DOCUMENT # P95000051601

1. Entity Name
FEED DEPOT OF BRANDON, INC.



Principal Place of Business
6810 MUCK POND ROAD
SEFFNER FL 33584

Mailing Address
6810 MUCK POND ROAD
SEFFNER FL 33584



2. Principal Place of Business
12990 MARTIN LUTHER KING BLVD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DOVER NC

City & State

4. FEI Number 59-3323703

Applied For
Not Applicable

Zip 33527 Country USA

Zip Country

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

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

William C Burnette

1/9/03

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURNETTE, RHONDA A	
STREET ADDRESS	6810 MUCK POND RD	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURNETTE, SUSAN R	
STREET ADDRESS	6810 MUCK POND RD	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURNETTE, WILLIAM C SR.	
STREET ADDRESS	6810 MUCK POND RD	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP-SALES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM C BURNETTE JR	
STREET ADDRESS	6810 MUCK POND RD	
CITY-ST-ZIP	SEFFNER FL 33584	
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		<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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William C Burnette*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

Date

813-689-1570

Daytime Phone #

CR2E034 (10/02)