

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90108 001 ***150.00

DOCUMENT # P97000012885

1. Entity Name

PILGRIM USA, INC.



DO NOT WRITE IN THIS SPACE

80081050

2. Principal Place of Business

3. Mailing Address

22 WEST MONUMENT AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

234 BUCKINGHAM CIRCLE

LIFESTYLE SUITE

City & State

City & State

DAVENPORT FLORIDA

KISSIMMEE FLORIDA

Zip

Country

Zip

Country

33837

USA

34741-5192

USA

4. FEI Number

59-3568-820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL ANKER / ALAN SNEELING

Street Address (P.O. Box Number is Not Acceptable)

22 WEST MONUMENT AVENUE

LIFESTYLE SUITE

City

KISSIMMEE

FL

Zip Code

34741-5192

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IN THIS SPACE**

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

MICHAEL ANKER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

31 MARCH 2003

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PRESIDENT
NAME MICHAEL A. ANKER
STREET ADDRESS MAYFLOWER HOUSE, BURLEY ROAD
CITY-ST-ZIP LANGHAM, Rutland, LE15 7HZ, UK

TITLE DIRECTOR
NAME DEBORAH T. ANKER
STREET ADDRESS MAYFLOWER HOUSE, BURLEY ROAD
CITY-ST-ZIP LANGHAM, Rutland, LE15 7HZ, UK

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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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. ANKER

03/31/03

Date

407-343-0687

Daytime Phone #

CR2E034B (12/02)