Date:08/21/2025 12:04:30

Please review the registration.

Created Date
2016-12-01 14:55:36.0

Created by
adv46863

Registration Expiration Date
2026-12-31

Registration Renewed Date
2024-12-11

Last Modified by
FMLS

Last Updated
2024-12-11

Last Modified by Company
Advance Distribution Services

Registration Status
VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

(•) Yes ( ) No

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

( ) Yes (•) No

Section 1: Type of Registration

Facility Location: **Domestic Registration**

Initial Registration **15340995968** Pin No **f4Gxde26**

Are you the new owner of a previously registered facility?

( ) Yes (•) No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name
Advance Distribution Services

Telephone Number
001 502 2133900

Facility Name Suffix
Corporation

Fax Number

Facility Street Address, Line 1
1944 S 16th St

E-Mail Address
rbyron@advancedistribution.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)
828023122

City
Louisville

State/Province/Territory
Kentucky

Zip Code (Postal Code)

40210

Country/Area

UNITED STATES

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? No

Name

Advance Distribution Services

Address, Line 1

2349 Millers Ln

Address, Line 2

City

Louisville

State/Province/Territory

Kentucky

Zip Code (Postal Code)

40216

Country/Area

UNITED STATES

Telephone Number

001 502 2133900

Fax Number

E-Mail Address

rbyron@advancedistribution.com

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

○ Same as Facility Address (Section 2)

◉ Same as Preferred Mailing Address (Section 3)

○ None of the above

Company Name

Advance Distribution Services

Company Name Suffix

Address, Line 1

2349 Millers Ln

Address, Line 2

City

Louisville

State/Province/Territory

Kentucky

Zip Code (Postal Code)

40216

Telephone Number

001 502 2133900

Fax Number

E-Mail Address

rbyron@advancedistribution.com

Country/Area

UNITED STATES

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

◉ Same as Facility Address (Section 2)

○ None of the above

Individual's Title (Optional)

Emergency Contact Phone

001 502 2133900

Individual's Name (Optional)

E-Mail Address

rbyron@advancedistribution.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

○ Yes

◉ No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name

-N/A-

Emergency Contact Phone

-N/A-

Middle Name (Optional)

-N/A-

Fax Number

-N/A-

Last Name (Optional)

-N/A-

E-Mail Address

-N/A-

Title (Optional)

-N/A-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area **-N/A-**

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).	
Harvest 1	
Start Month	End Month
Harvest 2	
Start Month	End Month

Section 9: General Product Categories - Human/Animal/Both

☑Food for Human Consumption	☑Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	**Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)**	**Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)**	**Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)**	**Acidified Food Processor**	**Low-Acid Food Processor**	**Interstate Conveyance Caterer / Catering Point**	**Contract Sterilizer**	**Labeler / Relabeler**	**Manufacturer / Processor**	**Packer / Repacker**	**Salvage Operator (Reconditioner)**	**Farm Mixed-Type Facility**	**Other Activity Conducted (Please Specify)**
1.ALCOHOLIC BEVERAGES[21 CFR 170.3 (n) (2)]	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3.BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS[21 CFR 170.3 (n) (1), (9)]	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9.COFFEE AND TEA[21 CFR 170.3 (n) (3), (7)]	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13.DRESSING AND CONDIMENTS[21 CFR 170.3 (n) (8), (12)]	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Processor	Low-Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
16.FOOD SWEETENERS (NUTRITIVE) [21 CFR 170.3 (n) (9) (41), 21 CFR 170.3 (o) (21)]	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30.SPICES, FLAVORS, AND SALTS[21 CFR 170.3 (n) (26)]	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
33.VEGETABLE AND VEGETABLE PRODUCT CATEGORIES[21 CFR 170.3 (n) (19), (36)]													
c.Other Vegetable and Vegetable Products	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
29.MIXED FEED (E.G., POULTRY, LIVESTOCK, EQUINE)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

○ Section 2 - Facility Address Information

○ Section 3 - Preferred Mailing Address Information

○ Section 4 - Parent Company Address Information

○ Section 7 - US Agent Address Information

◉ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Brian Johnson

Address, Line 1
2349 Millers Ln

Address, Line 2

City
Louisville

State/Province/Territory
Kentucky

Zip Code (Postal Code)
40216

Country/Area
UNITED STATES

Telephone Number
001 502 2133940

Fax Number

E-Mail Address
bjohnson@advancedistribution.com

Section 11: Inspection Statement

☑ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Randy Byron

CHECK ONE BOX

○ A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

◉ B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

☐ **Same as Section 10**

Individual's Name
Randy Byron

Address, Line 1
2349 Millers Ln

Address, Line 2

Telephone Number
001 502 2133900

Fax Number

E-Mail Address
rbyron@advancedistribution.com

City

Louisville

State/Province/Territory

Kentucky

Zip Code (Postal Code)

40216

Country/Area

UNITED STATES