

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90103 006 \*\*\*150.00

**DOCUMENT # 240246**

**1. Entity Name**  
**PINE VALLEY DAIRY INC**

**Principal Place of Business**

**4520 OLD TAMPA HWY**  
**LAKELAND FL 33811-1123**  
**US**

**Mailing Address**

**4520 OLD TAMPA HWY**  
**LAKELAND FL 33811-1123**  
**US**

**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** **59-0825297**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**BUCKLER, SHIRLEY P**  
**4520 OLD TAMPA HWY**  
**LAKELAND FL 33811**

**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.**

**SIGNATURE**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BUCKLER, BRUCE A</b>
STREET ADDRESS	<b>RT 2 BOX 875</b>
CITY-ST-ZIP	<b>MAYO FL 32066</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BASS, BERNICE J</b>
STREET ADDRESS	<b>4520 OLD TAMPA HWY</b>
CITY-ST-ZIP	<b>LAKELAND FL 33811-1123</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>BUCKLER, SHIRLEY</b>
STREET ADDRESS	<b>4520 OLD TAMPA HWY</b>
CITY-ST-ZIP	<b>LAKELAND FL 33811-1123</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>BUCKLER, STEPHEN P</b>
STREET ADDRESS	<b>4003 SILVERSPRING DRIVE</b>
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BUCKLER, CHARLES T</b>
STREET ADDRESS	<b>9410 CAROLINA WAY</b>
CITY-ST-ZIP	<b>FANNINGS SPRINGS FL 32693</b>
TITLE	<b>STD</b> <input type="checkbox"/> Delete
NAME	<b>BUCKLER, BEVERLY JO</b>
STREET ADDRESS	<b>4520 OLD TAMPA HWY</b>
CITY-ST-ZIP	<b>LAKELAND FL 33811-1123</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCKLER, BRUCE A</b>
STREET ADDRESS	<b>39132 CR 54E #2254</b>
CITY-ST-ZIP	<b>Zephyrhills, FL 33540</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bass, Bernice J</b>
STREET ADDRESS	<b>4520 Old Tampa Hwy</b>
CITY-ST-ZIP	<b>Lakeland FL 33811-1123</b>
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Roberts, Beverly B.</b>
STREET ADDRESS	<b>479 Couch's Fish Lake Rd.</b>
CITY-ST-ZIP	<b>State Road, NC 28676</b>

**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:** SHIRLEY P. BUCKLER  
Shirley P. Buckler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02 (863)686-3458  
Date Daytime Phone #

CR2E034 (9/01)