

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90808 029 ***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

4. FEI Number **59-0825297**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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	D	<input type="checkbox"/> Delete
NAME	BUCKLER, BRUCE A	
STREET ADDRESS	39132 CR 54E #2254	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BASS, BERNICE J	
STREET ADDRESS	4520 OLD TAMPA HWY	
CITY-ST-ZIP	LAKELAND FL 33811-1123	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCKLER, SHIRLEY	
STREET ADDRESS	4520 OLD TAMPA HWY	
CITY-ST-ZIP	LAKELAND FL 33811-1123	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUCKLER, STEPHEN P	
STREET ADDRESS	4003 SILVERSPRING DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKLER, CHARLES T	
STREET ADDRESS	9410 CAROLINA WAY	
CITY-ST-ZIP	FANNINGS SPRINGS FL 32693	
TITLE	DD	<input type="checkbox"/> Delete
NAME	BUCKLER, BEVERLY JO	
STREET ADDRESS	479 COUCH'S FISH LAKE RD.	
CITY-ST-ZIP	STATE ROAD NC 28676	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLER, BRUCE A	
STREET ADDRESS	6905 SATINWOOD WAY	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
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: **SHIRLEY P. BUCKLER, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03 863-686-3458
Date Daytime Phone #

CR2E034 (10/02)