

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002393

1. Entity Name

VALLEY CACTUS, INC.

*also we are going by  
The Name BLB Foliage + cactus*

FILED

00 MAR 13 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3005 YOTHERS ROAD  
PLYMOUTH FL 32768

Mailing Address

P. O. BOX 975  
ZELLWOOD FL 32796-0975  
US

2. Principal Place of Business

*ABOVE*

3. Mailing Address

*PO BOX 1027*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*PLYMOUTH FL*

City & State

City & State

4. FEI Number

58-1927155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAMPTON, GLORIA  
3005 YOTHERS ROAD  
PLYMOUTH FL 32768

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME HAMPTON, GLORIA G ☐ Delete  
STREET ADDRESS 3005 YOTHERS ROAD  
CITY-ST-ZIP PLYMOUTH FL 32768

TITLE TSD  
NAME HAMPTON, WILLIAM J ☒ Delete  
STREET ADDRESS HCI BOX 583  
CITY-ST-ZIP OLD TOWN FL

TITLE TSD  
NAME Paul Hampton  
STREET ADDRESS 3005 YOTHERS RD  
CITY-ST-ZIP PLYMOUTH FL 32768 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
0000003180660  
-03/22/00--01103--004  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-25-02*

SP

CR2E034 (9/99)