## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 02, 2005 8:00 am Secretary of State

DOCUMENT # 902000118062 • • • • • • • • • • • • • • • • • • •	OITH C	NIN DOCHILE	OO IXEI OIXI (	CDI	12)	Secretary or		
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State PALM VALLEY, FL  Zip  Country  Zip  Country  S. Certificate of Status Desired PALM VALLEY, FL  Zip  Country  S. Certificate of Status Desired PALM VALLEY, FL  Zip  Country  S. Certificate of Status Desired PER Address of Current Registered Agent PER Address of Current Registered Agent Name and Address of Current Registered Agent PALDWIN, DELLA G. Street Address (P.O. Box Number is Not Acceptable)  Signature, typed of printed status of registered agent and title If applicable.  Signature, typed of printed status of registered agent and title If applicable.  (NOTE Registered Agent signature required when reionability)  Amended UBR is 381:25  Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP PALM VALLEY, FL 32082-3811  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	OCCONTENT # 902000110002					<del>-</del>	***150.00	
2. Principal Place of Business Surie, Apt. #, etc.  City & State City & State City & State City & State Country Surie, Apt. #, etc.  City & State Ci	PALM VALLEY PEPP	ERS INC			<u> </u>			
139 PALM VALLEY WOODS DR   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE						50021450	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE								
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Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   St 75 Additions   Set 75 Addi	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
S. Certificate of Status Desired   Fee Required	PALM VALLEY, FL					Applied For Not Applicable		
DO NOT WRITE IN THIS SPACE  IN THIS SPACE  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  January 1: May 1: Fee is \$150.00  After May 1: Fee is \$150.00  After May 1: Fee is \$50.00  Amended UBR is \$12.5  Make Check Payable to Florida Department of State 10.  OFFICERS AND DIRECTORS  11.  TITLE  MAME  BALDWIN, 2DELLA G.  139 PALM VALLEY WOODS DR.  139 PALM VALLEY WOODS DR.  1711 INTE  NAME  BALDWIN, ARTHUR T.  139 PALM VALLEY WOODS DR.  1712 INTE  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS	•	Country	Zip	C	ountry	5. Certificate of Status Desired	\$8.75 Additional	
BALDWIN, DELLA G   Street Address (P.O. Box Number is Not Acceptable)   139 PALM VALLEY   FL   Zip Code   2002-3811     219 PALM VALLEY   2002-3811     219 PALM VALLEY   2002-3811     219 PALM VALLEY   2002-3811     219	32082-3811				7. Nam	e and Address of Current Regis	<u>-</u>	
Street Address (P.O. Box Number is Not Acceptable)  139 PALM VALLEY WOODS DR.  Street Address (P.O. Box Number is Not Acceptable)  139 PALM VALLEY WOODS DR.  Signature that a management of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating)  After May 1, Fee is \$155.00  After May 1, Fee is \$150.00  After May 1, Fee is \$155.00  After May 1, Fee is \$150.00  Af	The state of the s			a Paris	Name	ame		
IN THIS SPACE  ## PALM VALLEY FL Zip Code 37082-3811  8. The above named entity submits this statement for the purpose of changing its 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 aignature required when reinstaling)   DATE	DO NOT WRITE							
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SIGNATURE: DELLA G. BALDWIN DELLA G. BALDWIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR