

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

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

03-02-2005 90081 001 ***150.00

DOCUMENT # 902000118062	
1. Entity Name	
PALM VALLEY PEPPERS INC	

DO NOT WRITE IN THIS SPACE

50021450

2. Principal Place of Business 139 PALM VALLEY WOODS DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State PALM VALLEY, FL		City & State	
Zip 32082-3811	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1668138		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name BALDWIN, DELLA G.	
Street Address (P.O. Box Number is Not Acceptable) 139 PALM VALLEY WOODS DR.	
City PALM VALLEY	Zip Code 32082-3811

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**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, DELLA G. 139 PALM VALLEY WOODS DR. PALM VALLEY, FL 32082-3811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, ARTHUR T. 139 PALM VALLEY WOODS DR. PALM VALLEY, FL 32082-3811
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DELLA G. BALDWIN

Della G. Baldwin 2-24-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #