2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # **P96000047780** SUWANNEE RIVER VALLEY FARMS INC. -03-2001 90037 024 ***150.00 Principal Place of Business Mailing Address 1699 APALACHEE PARKWAY 9844 SE 159TH AVE WHITE SPRINGS FL 32096 PMB # 448 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address 9844 SE 159th Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3386811 White Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32096 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINTERO, SHARON A Street Address (P.O. Box Number is Not Acceptable) 1699 APALACHEE PARKWAY #448 TALLAHASSEE FL 32301 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. M Marian Constant M Delete TITLE TITLE Cheryl Quintero NAME NAME QUINTERO, MARC Z 9844 SE 159th Ave. STREET ADDRESS STREET ADDRESS 1699 APALACHEE PARKWAY PMB 448 CITY-ST-ZIP white Springs, FL 32096 CITY-ST-ZIP TALLAHASSEE FL 32301 Change ☐ Addition ☐ Delete TITLE TITLE More 2. Quinters 9844 SE 159th Ave. NAME NAME QUINTERO, SHARON A STREET ADDRESS STREET ADDRESS 1699 APALACHEE PARKWAY-448 FL 32096 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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