

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90158 014 ***150.00

DOCUMENT # P96000047780

1. Entity Name
SUWANNEE RIVER VALLEY FARMS INC.



Principal Place of Business
**9844 SE 159TH AVE
WHITE SPRINGS FL 32096**

Mailing Address
**9844 SE 159TH AVE
WHITE SPRINGS FL 32096**

2. Principal Place of Business

3. Mailing Address

(same)

9844 SE 159th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

White Springs, FL

Zip

Country

Zip

Country

32096

Hamilton

6. Name and Address of Current Registered Agent

4. FEI Number **59-3386811**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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	P	<input type="checkbox"/> Delete
NAME	QUINTERO, CHERYL	
STREET ADDRESS	9844 SE 159 AV	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	
TITLE	P	<input type="checkbox"/> Delete
NAME	QUINTERO, MARC Z	
STREET ADDRESS	9844 SE 159 AV	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE PREPARED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-03 386-397-4212

Date

Daytime Phone #

CR2E034 (10/02)