

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90001 001 ***150.00

C0039350

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000061579 (4)

1. Entity Name
 Florida Palmetto Berries Unlimited, Inc.

Principal Place of Business
 4685 Goodno Rd.
 Moore Haven, Fl. 33471

Mailing Address
 4685 Goodno Rd.
 Moore Haven, Fl. 33471

2. Principal Place of Business
 4685 Goodno Rd.
 Suite, Apt. #, etc.

3. Mailing Address
 4685 Goodno Rd.
 Suite, Apt. #, etc.

City & State
 Moore Haven, Fl.

City & State
 Moore Haven, Fl.

Zip
 33471

Country
 Glades

Zip
 33471

Country
 Glades

4. FEI Number
 65-0690938

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Fulford, Bobby
 7230 N.W. 80th Court
 Okeechobee, Fl. 34972

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fulford, Bobby		NAME	
STREET ADDRESS 7230 N.W. 80th Court		STREET ADDRESS	
CITY-ST-ZIP Okeechobee, Fl.		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fulford, Gene		NAME	
STREET ADDRESS 4685 Goodno Rd.		STREET ADDRESS	
CITY-ST-ZIP Moore Haven, Fl.		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fulford, Debbie		NAME	
STREET ADDRESS 4685 Goodno Rd.		STREET ADDRESS	
CITY-ST-ZIP Moore Haven, Fl.		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fulford, Nancy		NAME	
STREET ADDRESS 7230 N.W. 80th Court		STREET ADDRESS	
CITY-ST-ZIP Okeechobee, Fl.		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Vice President** **3/12/00** **941-675-4859**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)