

**2004 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90034 046 \*\*\*150.00

<b>DOCUMENT #</b> P96000061579	
<b>1. Entity Name</b>	
FLORIDA PALMETTO BERRIES UNLIMITED, INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 4685 GOODNO RD		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> MOORE HAVEN, FL		<b>City &amp; State</b>	
<b>Zip</b> 33471	<b>Country</b>	<b>Zip</b>	<b>Country</b>

66410611

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0690938		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b>	
		<b>Name</b> FULFORD, BOBBY	
		<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7230 NW 80 CT	
		<b>City</b> OKEECHOBEE	<b>FL</b>

**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				11.	
<b>TITLE</b>	<b>PD</b>	<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>	FULFORD, BOBBY	<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	7230 NW 80 CT	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	OKEECHOBEE FL 34972	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VPD</b>	<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>	FULFORD, GENE J	<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	4685 GOODNO RD	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MOORE HAVEN FL 33471	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SD</b>	<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>	FULFORD, DEBBIE	<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	4685 GOODNO RD	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MOORE HAVEN FL 33471	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>TD</b>	<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>	FULFORD, NANCY	<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	7230 NW 80 CT	<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	OKEECHOBEE FL 34972	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**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:**  **GENE FULFOD, VICE PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/04 239-633-4833  
239-564-0936