

2005 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90143 001 ***150.00

DOCUMENT # P96000061579
1. Entity Name
FLORIDA PALMETTO BERRIES UNLIMITED, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4685 GOODNO RD Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MOORE HAVEN, FL		City & State	
Zip 33471	Country HENRY	Zip	Country

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name FULFORD, BOBBY	
Street Address (P.O. Box Number is Not Acceptable) 7230 NW 80TH CT.	
City OKEECHOBEE	Zip Code 34972

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 *Bobby Fulford* PRESIDENT 4/15/2005
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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULFORD, BOBBY 7230 NW 80TH CT OKEECHOBEE, FL. 34972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FULFORD, GENE L 4685 GOODNO RD MOORE HAVEN, FL. 33471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FULFORD, DEBBIE 4685 GOODNO RD. MOORE HAVEN, FL. 33471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FULFORD, NANCY 7230 NW 80TH CT OKEECHOBEE, FL. 34972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gene Fulford* GENE FULFORD, V.P. 4/15/2005 863-564-0956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #