

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

0121336 AT

DOCUMENT # P96000086766

1. Entity Name

SPRING VALLEY FARMS GOURMET PRODUCTS, INC



07-16-2003 90049 004 ***150.00

Principal Place of Business

2700 N PENINSULA AVE

#232

NEW SMYRNA BEACH FL 32169

Mailing Address

2700 N PENINSULA AVE

#232

NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3406729

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$550.00

After September 10, 2003 Fee will be \$750.00
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 **PSD** ☐ Delete
NAME **KITTEL, PATRICIA A**
STREET ADDRESS **107 CAMPHOR TREE LANE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2700 N. PENINSULA AVE #232**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32169**

TITLE **VTD** ☐ Delete
NAME **KITTEL, JAMES G**
STREET ADDRESS **107 CAMPHOR TREE LANE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2700 N. PENINSULA AVE #232**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

PATRICIA A. KITTEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/14/03 386 478-1555

CR2E034 (4/03)