

\*\*\*AMENDED\*\*\*

FILED

00 MAR 13 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000058423

## 1. Corporation Name

Plam Valley Supplies Inc

## Principal Place of Business

10875-3 Old Dixie Hwy  
St Augustine FL 32084

## Mailing Address

10875-3 Old Dixie Hwy  
St Augustine FL 32084

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

07/13/1998

## 4. FEI Number

59-3520587

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

## 6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible Personal  
Property Tax.☒Yes ☐ No

## 2. Principal Place of Business

## 2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

Bayer, Dennis  
306 South Oceanside Blvd  
Flagler Beach, FL 32136

## 81 Name

## 82 Street Address (P.O. Box Number is Not Acceptable)

## 83

## 84 City

FL

## 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE Director ☐ DELETE  
NAME Smith, Philip  
STREET ADDRESS 71 Ocean Drive  
CITY - ST - ZIP St Augustine FL 32084TITLE Director ☒ DELETE  
NAME Detrick, William  
STREET ADDRESS 503 13th St  
CITY - ST - ZIP St Augustine FL 32095TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
000003178250--1  
-03/21/00--01096--021  
\*\*\*\*\*61.25 \*\*\*\*\*61.253.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

904-825-1248

Daytime Phone #