

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90074 039 ***150.00

DOCUMENT # P0000082150

1. Entity Name
LORRAINE A. VALENTI, P.A.

Principal Place of Business

**4021 NORTH ARMENIA AVE.
 TAMPA FL 33607**

Mailing Address

**4021 NORTH ARMENIA AVE.
 STE 102
 TAMPA FL 33607
 US**



2. Principal Place of Business

1211 N. Westshore Blvd.

3. Mailing Address

1211 N. Westshore Blvd.

Suite, Apt. #, etc.

Suite 414

Suite, Apt. #, etc.

Suite 414

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3669870

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33607

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VALENTI, LORRAINE A
 4021 NORTH ARMENIA AVE.
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **LORRAINE A. VALENTI**
 Street Address (P.O. Box Number is Not Acceptable)
**1211 N. Westshore Blvd.
 Suite 414**
 City **TAMPA** FL Zip Code **33607**

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 **LORRAINE VALENTI** PRESIDENT DATE **JAN 31, 2002**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	VALENTI, LORRAINE	4021 N ARMENIA AVE #102	TAMPA FL 33607	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	VALENTI, LORRAINE	1211 N. Westshore Blvd. #414	TAMPA FL 33607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **LORRAINE VALENTI** DATE **JAN 31, 2002** DAYTIME PHONE # **813-288-1515**

CR2E034 (9/01)