2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 01, 2000 8:00 am Secretary of State DOCUMENT # **P97000034821** 1. Entity Name VALENTI FLORIDA REALTY, INC. 03-01-2000 90016 038 ***150.00 Principal Place of Business Mailing Address 3450 BUSCHWOOD PARK DR BUSCHWOOD PARK DR SUITE 195 CHITE 195 TAMPA FL 33618-4465 **TAMPA FL 33618** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3442367 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NESBITT. STEVEN M Street Address (P.O. Box Number is Not Acceptable) 3450 BUSCHWOOD PARK DR SUITE 195 TAMPA FL 33618 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 íí. OFFICERS AND DIRECTORS 12. D TITLE Change Addition ☐ Delete TITLE VALENTI, DARRELL J NAME STREET ADDRESS andeness 3450 BUSCHWOOD PARK DR SUITE 195 CITY~ST-ZIP ST-ZIP **TAMPA FL 33618** ☐ Addition Change Delete TITLE NAME .m.e. annmess STREET ADDRESS CITY-ST-7IP ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS - ADDDESS ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS Annarea المراجع وأنجاب ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS ALSONEGE CITY-ST-ZIP ST ZIP

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 employered 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 a padress with a other like empowered.

MATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/1000

813-935-8777