

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90297 036 ***150.00

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DOCUMENT # 251666

1. Entity Name
VALENCIA CENTER INC



Principal Place of Business
**100 RIALTO PLACE
SUITE 500
MELBOURNE FL 32901
US**

Mailing Address
**100 RIALTO PLACE
SUITE 500
MELBOURNE FL 32901
US**

11019665



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0980865

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SOTTILE, JOHN
100 RIALTO PLACE
SUITE 500
MELBOURNE FL 32901**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME ☐ Delete
PD SOTTILE, JOHN H
STREET ADDRESS **2324 BROOKSIDE WAY**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE NAME ☒ Change ☐ Addition
CDPT John H. Sottile
STREET ADDRESS **100 Rialto Place - Suite 500**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE NAME ☐ Delete
ASAT STRANGE, PATRICIA A
STREET ADDRESS **1080 OSPREY DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE NAME ☒ Change ☐ Addition
SAT Patricia A. Strange
STREET ADDRESS **100 Rialto Place - Suite 500**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE NAME ☐ Delete
PTD SOTTILE, JOHN H
STREET ADDRESS **100 RIALTO PLACE, STE 500**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
SD STRANGE, PATRICIA A
STREET ADDRESS **100 RIALTO PLACE, STE 500**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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. STRANGE **4/23/03** **321-724-1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)