

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-13-2002 90107 025 ***150.00

DOCUMENT # 268319

1. Entity Name

THE SANFORD PROFESSIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
209 San Carlos Ave.3. Mailing Address
205 N. Elm Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sanford, FL 32771-1430City & State
Sanford, FL 327714. FEI Number
59-1086975Applied For
Not ApplicableZip
32771-1430Country
SeminoleZip
32771Country
Seminole5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lawrence Vallario

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

910 Williston Park Point

City
Lake Mary

FL

Zip Code
32746DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when re-instating)

4/5/02
DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SD TP D
NAME	Vallario, Lawrence
STREET ADDRESS	910 Williston Park Point
CITY-ST-ZIP	Lake Mary, FL 32746

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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other fee empowered.

SIGNATURE:

Lawrence Vallario

2/6/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)