

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90003 002 ***158.75

DOCUMENT # 404900

1. Entity Name
VALJEAN CORP.

Principal Place of Business 1795 S. PATRICK DRIVE HARBOUR BEACH FL 32937-4304	Mailing Address 1785 S. PATRICK DRIVE INDIAN HARBOUR BEACH FL 32937-4304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1445645		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FERRY, RICHARD T. 1785 S PATRICK DRIVE INDIAN HARBOUR BEACH FL 32937				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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARBACH, PATRICIA H.		NAME		
STREET ADDRESS	2318 S COUNTRY CLUB RD.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		CITY-ST-ZIP		
TITLE	CTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARBACH, ALLEN B		NAME		
STREET ADDRESS	2318 S COUNTRY CLUB RD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 0		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAUDILL, CARTER L		NAME		
STREET ADDRESS	8336 ASHLYN DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINCLAIR, WALLACE H.		NAME		
STREET ADDRESS	884 THURINGER ST NW		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOMLINSON, JACK W.		NAME		
STREET ADDRESS	1493 LIME DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERRY, RICHARD T.		NAME		
STREET ADDRESS	138 E COLONIAL CT		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR B. FL		CITY-ST-ZIP		

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: *Richard T. Ferry* **Richard T. Ferry Pres** 2-9-00 321 773 2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)