

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90062 020 ***150.00

DOCUMENT # **420257**

1. Entity Name

VALUE LAND INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8842 GAYLORD ST

Suite, Apt. #, etc.

3. Mailing Address

8842 GAYLORD ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

591461209

Applied For

Not Applicable

Zip

Country

32819

ORANGE

Zip

Country

32819

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT M. CAREY

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

2803 AUTUMN GREEN DR.

City

ORLANDO

FL

Zip Code

32822

**DO 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 remitting)

DATE

9. 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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME

**PRESIDENT
ROBERT M. CAREY
2803 AUTUMN GREEN DR
ORLANDO FL 32822**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**SECRETARY
JOHN M. BARNEY
108 SATSUMA DR.
ALTAMONTE SPRING FL 32714**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**TREASURER
ROBERT K. YOKOMOTO
8842 GAYLORD ST.
ORLANDO FL 32819**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**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)(j), 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 like empowered.

SIGNATURE:

RKYOKOMOTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

Date

407 876 2459

Daytime Phone #

CR2E034B (12/01)