

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842839

1. Entity Name

VALLEY INNOVATIVE SERVICES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90038 010 ***150.00

Principal Place of Business

Mailing Address

4400 MANGUM DRIVE
JACKSON MS 39208
US

P.O. BOX 5454
JACKSON MS 39288-5454
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-0390145

Applied For

Not Applicable

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

CT CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOODS, JOHN	
STREET ADDRESS	4400 MANGUM DRIVE	
CITY-ST-ZIP	JACKSON MS	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORDELON, NOREEN H	
STREET ADDRESS	P O BOX 5454 4400 MANGUM DR	
CITY-ST-ZIP	JACKSON MS 54	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOGG, W.T.	
STREET ADDRESS	4400 MANGUM DR.	
CITY-ST-ZIP	JACKSON MS	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PRYOR, JOHN A	
STREET ADDRESS	P O BOX 5454, 4400 MANGUM DR	
CITY-ST-ZIP	JACKSON MS 54	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLE, BETTY	
STREET ADDRESS	4400 MANGUM DR.	
CITY-ST-ZIP	JACKSON MS	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARKEY, MATT	
STREET ADDRESS	4400 MANGUM DR.	
CITY-ST-ZIP	JACKSON MS	

TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Craft	
STREET ADDRESS	4400 Mangum Drive	
CITY-ST-ZIP	Jackson MS 39208	
TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jo Ann Bedgood	
STREET ADDRESS	4400 Mangum Drive	
CITY-ST-ZIP	Jackson MS 39208	
TITLE	C D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al Caskey	
STREET ADDRESS	4400 Mangum Drive	
CITY-ST-ZIP	Jackson MS 39208	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Covert	
STREET ADDRESS	4400 Mongum Drive	
CITY-ST-ZIP	Jackson MS 39208	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John King	
STREET ADDRESS	4400 Mangum Drive	
CITY-ST-ZIP	Jackson MS 39208	

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:

Betty Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Cole

Secretary

2/16/00

601-664-3123

Date

Daytime Phone #

CR2E034 (9/99)