

2002 UNIFORM BUSINESS REPORT (UBR)

0015070 AT

DOCUMENT # **A95000000190**

1. Entity Name

VALEWOOD LIMITED

FILED

02 APR 29 PM 5:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

**2338 IMMOKALEE RD., #161
NAPLES FL 34110**

Mailing Address

**2338 IMMOKALEE RD., #161
NAPLES FL 34110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0562991

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

COLLINS, JAMES E

**12887 VALEWOOD DRIVE
NAPLES FL 33909**

**2338 IMMOKALEE RD
#161
NAPLES, FL. 34110**

Name

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

2338 IMMOKALEE RD #161

City

NAPLES

FL

Zip Code

34110

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.

DATE

9. Capital Contributions as Shown on record.

\$151,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **COLLINS, JAMES E TRUSTEE**
STREET ADDRESS **2338 IMMOKALEE RD., #161**
CITY-ST-ZIP **NAPLES FL 34110**

STREET ADDRESS

CITY-ST-ZIP

**100005481271-3
-05/07/02--01056--029
****526.25 ****526.25**

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/02

941 455 5848

CR2E003 (9/01)