

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 15 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A97000000172

1. Entity Name

VALCO ENTERPRISES, LTD.

Principal Place of Business

2109 PALM AVENUE  
SUITE 202  
TAMPA FL 33605

Mailing Address

2109 PALM AVENUE  
SUITE 202  
TAMPA FL 33605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

59-3423644

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

LEVY, BUDDY J

7439 EAST HILLSBOROUGH AVENUE  
TAMPA FL 33610

Name

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

2109 East Palm Avenue

Suite 203

City

Tampa

FL

Zip Code

33605

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.

\$1,500,000.00

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 # P95000018216  
NAME VALCO GROUP, INC.  
STREET ADDRESS 7439 EAST HILLSBOROUGH AVENUE  
CITY-ST-ZIP TAMPA FL 33610

STREET ADDRESS 2109 East Palm Ave #203  
CITY-ST-ZIP Tampa, FL 33605

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL P.

4/10/02

727-576-1143

Date

Daytime Phone #

CR2E003 (9/01)