

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000331

1. Entity Name

VALENTINE ELECTRIC SERVICE, INC.

Principal Place of Business

1465 GABRIEL DR.
LAWRENCEVILLE GA 30043

Mailing Address

1465 GABRIEL DR.
LAWRENCEVILLE GA 30043

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SOMMOVIGO, JOSEPH
8433 NW 1ST ST.
CORAL SPRINGS FL 33071

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
SOMMOVIGO, VALENTINE
1465 GABRIEL DR.
LAWRENCEVILLE GA 30043 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SOMMOVIGO, CAROLE
1465 GABRIEL DR.
LAWRENCEVILLE GA 30043 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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12.

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NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 another like empowered.

SIGNATURE: *Valentine Sommovigo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VALENTINE SOMMOVIGO
PRES.

Date

Daytime Phone #:

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90001 030 ***150.00

871571



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2356601**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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