

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90059 043 ***150.00

DOCUMENT # H78306

1. Entity Name
VALANT PAINTING, INC.



Principal Place of Business
**1425 NEW FOUND HARBOR DR.
MERRITT ISLAND FL 32952
US**

Mailing Address
**1425 NEW FOUND HARBOR DR.
MERRITT ISLAND FL 32952
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 **59-2596985**

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

**VALANTASIS, HARRY
3920 NEWPORT ST
COCOA FL 32927**

**VALANTASIS, HARRY
1835 S. ATLANTIC AVE
SUITE 404
COCOA BEACH FL. 32931**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **HARRY VALANTASIS**
CITY-ST-ZIP **3920 NEWPORT ST.
COCOA FL**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **HARRY VALANTASIS**
CITY-ST-ZIP **1835 S. ATLANTIC AVE, SUITE 404
COCOA BEACH FL. 32931**

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **VALANTASIS, HARRY**
CITY-ST-ZIP **1425 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952**

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **GEORGE VALANTASIS**
CITY-ST-ZIP **1425 NEWFOUND HARBOR DR.
MERRITT ISL. FL. 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)