

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90236 037 ***150.00

DOCUMENT # K52336

1. Entity Name
VALPRO, INC.



Principal Place of Business
P.O. BOX 162327
ALTAMONTE SPRINGS FL 32716-2327
US

Mailing Address
P.O. BOX 162327
ALTAMONTE SPRINGS FL 32716-2327
US

2. Principal Place of Business

106 ZEPHYRUS DR
Suite, Apt. #, etc.

3. Mailing Address

PO Box 511311
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Punta Gorda

City & State

Punta Gorda

4. FEI Number

65-0092374

Applied For

Not Applicable

Zip

33950

Country

Charlotte

Zip

33951-1311

Country

Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BILL, BERT L.
C/O VALPRO, INC.
370 CENTER POINTE CR SUITE 1124
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name **JACK D. VAN DORN**
Street Address (P.O. Box Number is Not Acceptable)
106 ZEPHYRUS DR
City **PUNTA GORDA** **FL** Zip Code **33950**

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

1-8-03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **VANDORN, JACK D.**
STREET ADDRESS **2775 RIO CT.**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **TD** ☒ Delete
NAME **BILL, BERT L.**
STREET ADDRESS **380 GOLF BROOK CR #200**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

JACK D. VAN DORN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

Date

941 575 2317

Daytime Phone #

CR2E034 (10/02)