

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000748**

1. Entity Name

VAL GROUP, L.C.

Principal Place of Business

**C/O JAMES A. VALENTINE
525 EDMONT LANE
PARK RIDGE IL 60068**

Mailing Address

**C/O JAMES A. VALENTINE
525 EDMONT LANE
PARK RIDGE IL 60068**

01 JUL 25 AM 8:47

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-4093754

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
3953 W. W. KELLY RD.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

000004510030--2
-07/31/01--01079--024
*******55.00 *****55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VALENTINE, MATHIAS A
2299 BUSSE RD.
ELK GROVE VILLAGE IL 60007** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VALENTINE, MARY
2299 BUSSE RD.
ELK GROVE VILLAGE IL 60007** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VALENTINE, JAMES A
2299 BUSSE RD.
ELK GROVE VILLAGE IL 60007** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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STREET ADDRESS
CITY-ST-ZIP
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 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mary Valentine* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/3/01

847-698-4232

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE