

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90205 027 \*\*\*\*50.00

**DOCUMENT # M01000002579**

1. Entity Name  
**VALUNET, LLC**

Principal Place of Business  
**120 INTERNATIONAL PARKWAY, SUITE 176**  
**LAKE MARY FL 32795**

Mailing Address  
**120 INTERNATIONAL PARKWAY, SUITE 176**  
**LAKE MARY FL 32795**

**34569**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**87-0660006**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, G. VINCENT**  
**120 INTERNATIONAL PARKWAY, SUITE 176**  
**LAKE MARY FL 32795**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
**MGR**  
 NAME  
**ALLIANCE UNDERWRITERS, LLC**  
 STREET ADDRESS  
**120 INTERNATIONAL PARKWAY, SUITE 176**  
 CITY-ST-ZIP  
**LAKE MARY FL 32795**

☐ Delete

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 STREET ADDRESS  
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☐ 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 606, Florida Statutes.

SIGNATURE

*G. Vincent Butler*  
**G. VINCENT BUTLER**

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

Date

Daytime Phone #

CP2E083 (9/01)