

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91663 001 ***300.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000018481**

1. Entity Name

Sun Valley Holdings ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1450 Bell Avenue

Suite, Apt. #, etc.

3. Mailing Address

PO Box 13390

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

4. FEI Number

65-101116

Applied For

Not Applicable

Zip

34982

Country

St. Lucie

Zip

34979

Country

St. Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Brenda G. Calandro

Street Address (P.O. Box Number is Not Acceptable)

1450 Bell Avenue

City

Ft. Pierce

FL

Zip Code

34982

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**D.
Brenda G. Calandro
1662 South Kings Hwy
Ft. Pierce, FL 34945**

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

**D.
Brenda G. Calandro
PO Box 13390
Ft. Pierce, FL 34979**

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-489-2182

4-26-02

Date

Daytime Phone #

CR2E034B (12/01)