

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91057 003 ***150.00

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DOCUMENT # P00000026926

1. Entity Name

REVALUE PROPERTIES, INC.



Principal Place of Business

491 N. SR 434
SUITE 125
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 160651
ALTAMONTE SPRINGS FL 32716-0651

2. Principal Place of Business

1681 Maitland Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 947755
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Maitland FL

City & State

Maitland FL

4. FEI Number

59-3633018

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32794-7755

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEWELLING, STEPHEN G
491 N. SR 434
SUITE 125
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

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

1681 Maitland Ave

City

Maitland

FL

Zip Code

32751

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

Stephen G. Flewelling

Stephen G. Flewelling Director

4/18/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 | DP | <input type="checkbox"/> Delete |
| NAME | FLWELLING, STEPHEN G | |
| STREET ADDRESS | P.O. BOX 160651 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32716-0651 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FLEWELLING, JOAN M | |
| STREET ADDRESS | P.O. BOX 160651 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32716-0651 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Flewelling | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Stephen G. Flewelling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

407-862-1140

Date

Daytime Phone #

CR2E034 (10/02)