2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000050670 DOCUMENT

1. Entity Name

VALUELINE CONVEDTEDS INC



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

02-27-2003 90157 041 ***150.00

VALUEL	JINE CON	VEHIERS, INC.											
Principal Place of Business 5419 PROVOST DR HOLIDAY FL 34690			Mailing Address 5419 PROVOST DR HOLIDAY FL 34690										
2. Principal 1904 Suite, Ap		ness LET ST	3. Mailing Address 1904 CALUMET Suite, Apt. #, etc.			- 31		CHECK HERE IF MAKING CHANGES					
	ate WATER	FL		State EARWATER	FL			4. FEI Numi		652834			Applied For Not Applicable
Zip 3371		Country USH and Address of Current	Zip 3	3745	Country	SA		5. Certificat			_ ,	\$8.75 A	dditional
FERNAN 5419 PR HOLIDAY	idez, rona Iovost dr Y FL 34690	LD C				Street Add	dress (P.	ALLINET	SALLI er is Not Ad ST	cceptable)	FL	Zip Co	4. Y
SiGNATURE		or printed-name of registered agent a	nd title if applica	able. (NOTE	: Registered A	igent signature	required w	hen reinstating)			1-7-0	3	
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State						ection Cam ust Fund Co				00 May Be ed to Fees
10.	P`	OFFICERS AND [DIRECTORS		11.		eik a a	ADDITIONS,	CHANGES	TO OFFIC	ERS AND [DIRECTOR	RS IN 11
NAME STREET ADORESS CITY-ST-ZIP				☐ Delete	NAME STREET A CITY-ST	ADDRESS	140	D THE VAS THE CALLAR TARWATER	LET SI	3765	2	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5419 PRO HOLIDAY	erg, robin Vost drive Fl 34690		☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS	Roa 190	SIN ITIRS 4 CALLA WARNETE	LENERO LET SI	1	1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VASSALLO 5419 PRO HOLIDAY), Brian DVOST Drive		Delete	NAME STREET A			N VASS. I CALUM ARWATER		-	., (Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	·			□ Delete	TITLE NAME STREET A CITY-ST-				,,,,,,			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AL CITY-ST-					N		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AD CITY-ST-	ZIP	-	.,,		,		_ Change	☐ Addition
12. I hereby condition indicated confirmed corp changed.	ertify that the i on this report o oration or the or on an attac	nformation supplied with the supplemental report is the receiver or trustee empowers with an address, with an address, with an address, with an address.	nis filing doe ue and acc ered to exe	es not qualify for the surate and that my cute this report as	he exempti signature required l	ion stated shall have by Chapte	in Section the same r 607, Flo	on 119.07(3)(i ne legal effect orida Statutes	, Florida St as if made ; and that n	atutes. I fui under oath ny name ar	rther certify n; that I am ppears in B	that the ir an officer lock 10 or	nformation or director Block 11 if

SIGNATURE:

KURILLE OUKERS VASALO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-442-2721