2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P00000075837 1. Entity Name VALEGO LIMITED, INC. 01-31-2001 90277 040 ***150.00 Principal Place of Business Mailing Address 61 EMERALD WOODS DR. D10 61 EMERALD WOODS DR. D10 NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address I E MERALD Woods Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State

VAP/es 4. FEL Nymber 5 7 - 366 9 262 City & State Applied For FC Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Collien Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIEBEL DOUGLAS E Street Address (P.O. Box Number is Not Acceptable) 9240 BONITA BEACH RD, #3300 **BONITA SPRINGS FL 34135** Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and sleets to do so.-After MAY-1, 2001 Fee will be \$550.00 --Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TILE Desident ☐ Delete TITLE ☐ Addition NAME NAME ANTHONY RVALUES STREET ADDRESS STREET ADDRESS GIEMERAID WOOR DADIS CITY-ST-ZIP CITY-ST-ZIP A1 34108 Drosider TITLE ☐ Delete TITLE ☐ Change NAME NAME GIEMERALD WOODS ON DIO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP G1. 34108 TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-7IP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

IG OFFICER OR DIRECTOR

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FILED