FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90467 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90039082

DOCUMENT # P00000079992

1. Entity Name
VEALEY, INC.

Principal Place of Business	Mailing Address
695 ASHFORD OAK DRIVE ALTATMONE SPRINGS, FL 32714	695 ASHFORD OAK DRIVE ALTATMONE SPRINGS, FL 32714

2. Principal Place of Business	3. Mailing Address
1150 Piney Woods Tr	1150 Piney Woods Tr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Osteen, FL	City & State: Osteen, FL 32764
Zip: 32764 Country	Zip: 32764 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3664981 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VEALEY, MATTHEW R 1012 NELA AVENUE ORLANDO, FL 32809	Name: Cheri Castillo Street Address (P.O. Box Number is Not Acceptable): 1150 Piney Woods Tr. City: Osteen FL Zip Code: 32764

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: Cheri Castillo 2/27/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD VEALEY, MATTHEW R 1012 NELA AVE ORLANDO, FL 32809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Castillo, Cheri 1150 Piney Woods Tr. Osteen, FL 32764	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Cheri Castillo 2/27/03 407-324-1178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #