

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90074 025 ***150.00

DOCUMENT # P00000080374

1. Entity Name
VALROY, INC.

Principal Place of Business
3853 NE 17TH ST CIRCLE
OCALA FL 34470

Mailing Address
3853 NE 17TH ST CIRCLE
OCALA FL 34470

2. Principal Place of Business

3. Mailing Address

PO Box 808

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Silver Springs FL

Zip

Country

Zip

Country

34489

Marion

4. FEI Number

59-3681247

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

BERGMAN, CLAUDETTE
2737 SE 58TH AVE.
OCALA FL 33471

Name
Claudette Bergman

Street Address (P.O. Box Number is Not Acceptable)
7317 Otter Creek Dr
New Port Richey FL

City

FL

Zip Code
34655

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

Claudette Bergman

3/14/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Valerie Brower
3853 NE 17th St Circle
OCALA FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Royce D. Brower SR
3853 NE 17th St Circle
OCALA FL 34470

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Valerie Brower (VALERIE BROWER)

3/14/01 (352) 362-0960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)