

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90195 037 ***150.00

DOCUMENT # P00000080374

1. Entity Name
VALROY, INC.



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

Mailing Address
P.O. BOX 808
SILVER SPRINGS FL 34489

2. Principal Place of Business

RT 1 Box 3095
Suite, Apt. #, etc.
F28

3. Mailing Address

P.O. Box 129
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MADISON FL

City & State

LEE FL 32059
Zip 32059 Country USA
MADISON

4. FEI Number 59-3681247

Applied For
Not Applicable

Zip 32340

Country USA

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

6. Name and Address of Current Registered Agent

BERGMAN, CLAUDETTE
7317 OTTER CREEK DR
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Valerie Brower, President
(NOTE: Registered Agent signature required when reinstating)

DATE 2/25/03

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	P	<input type="checkbox"/> Delete
NAME	BROWER, VALERIE	
STREET ADDRESS	3853 NE 17TH ST CIRCLE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROWER, ROYCE D SR	
STREET ADDRESS	3853 NE 17TH ST CIRCLE	
CITY-ST-ZIP	OCALA FL 34470	
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		
STREET ADDRESS	RT 1, Box 3095 #F28	
CITY-ST-ZIP	MADISON FL 32340	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	RT 1, Box 3095 #F28	
CITY-ST-ZIP	MADISON FL 32340	
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: *Valerie Brower* SIGNATURE REQUIRED *Valerie Brower, Pres.* 2/25/03 352/362-0960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)