

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90062 023 \*\*\*150.00

**DOCUMENT # P00000085580**

**1. Entity Name**  
**VALENTINES NIGHTCLUB, INC.**



**Principal Place of Business**  
**7806 N. ORLEANS AVENUE**  
**TAMPA FL 33604**

**Mailing Address**  
**7806 N. ORLEANS AVENUE**  
**TAMPA FL 33604**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **59-3684581**

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**

**CHAGNON, CHRISTOPHER**

~~8302 N. PACKWOOD AVE~~

**TAMPA FL 33604**

**Chris Chagnon**  
**7806 N. Orleans Ave.**  
**Tampa, FL 33604**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/03

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	CHAGNON, CHRIS	
STREET ADDRESS	<del>8302 N. PACKWOOD AVE</del> 7806 N Orleans Ave	
CITY-ST-ZIP	TAMPA FL 33604	
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		
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"/> 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	
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 an other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/03 813 601-6189

CR2E034 (10/02)