

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000091634**1. Entity Name  
**VALUATION NETWORK INCORPORATED**Principal Place of Business  
3980 ARECA DRIVE  
ST. JAMES CITY FL 33956  
Mailing Address  
P.O. BOX 206  
MATLACHA FL 339932. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1064943**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****DONOVAN CHRISTINE M**  
3980 ARECA DRIVE  
ST. JAMES CITY FL 33956**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.

SIGNATURE \_\_\_\_\_ **04/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	V/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>DONOVAN ROBERT</b>	<b>3980 ARECA DRIVE</b>	<b>ST. JAMES CITY FL 33956</b>	<b>SV/S</b>		
	<b>DONOVAN CHRISTINE</b>	<b>3980 ARECA DRIVE</b>	<b>ST. JAMES CITY FL 33956</b>	<b>MP/T</b>		

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: Robert S. Donovan****V/S 04/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)