2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90245 028 ***150.00

DOCUMENT # **P00000091634**

1. Entity Name
VALUATION NETWORK INCORPORATED

Principal Place of Business	Mailing Address
1342 COLONIAL BOULEVARD	1342 COLONIAL BOULEVARD
SUITE K-234	SUITE K-234
FORT MYERS, FL 33907	FORT MYERS, FL 33907

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1500 Colonial Blvd	1500 Colonial Blvd
Suite, Apt. #, etc. Suite 219	Suite, Apt. #, etc. Suite 219
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33907 Country	Zip 33907 Country

4. FEI Number **65-1064943** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DONOVAN, CHRISTINE M
1342 COLONIAL BOULEVARD
SUITE K-234
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name Donovan, Christine M
Street Address (P.O. Box Number Is Not Acceptable) 1500 Colonial Blvd
Suite 219
City Fort Myers **FL** Zip Code 33907

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] Christine M Donovan 4/30/03
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	P/T ☐ Delete	TITLE	P/T ☑ Change ☐ Addition
NAME	DONOVAN, CHRISTINE M P/T	NAME	Donovan, Christine M P/T
STREET ADDRESS	1342 COLONIAL BOULEVARD, SUITE K-234	STREET ADDRESS	1500 Colonial Blvd, Suite 219
CITY-ST-ZIP	FORT MYERS, FL 33907	CITY-ST-ZIP	Fort Myers FL 33907
TITLE	V/S ☐ Delete	TITLE	V/S ☑ Change ☐ Addition
NAME	DONOVAN, ROBERT S V/S	NAME	Donovan, Robert S V/S
STREET ADDRESS	1342 COLONIAL BOULEVARD, SUITE K-234	STREET ADDRESS	1500 Colonial Blvd Suite 219
CITY-ST-ZIP	FORT MYERS, FL 33907	CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] Christine Donovan 4/30/03 239-275-2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)