

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 22, 2001 8:00 am
Secretary of State

01-30-2001 90110 049 ***150.00

DOCUMENT # P00000095740

1. Entity Name

VALERINO ENTERPRISES, INC.

Principal Place of Business

963 N SUNCOAST BLVD
CRYSTAL RIVER FL 34429

Mailing Address

963 N SUNCOAST BLVD
CRYSTAL RIVER FL 34429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-367 5807

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VALERINO, DANIEL J
963 N SUNCOAST BLVD
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

PAUL W. LUCAS

Street Address (P.O. Box Number is Not Acceptable)

220 SANDS CUT TER.

City

LECANTO

FL

Zip Code
34461

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

Paul W. Lucas
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

TITLE **D** ☒ Delete
NAME **VALERINO, DANIEL J**
STREET ADDRESS **963 N SUNCOAST BLVD**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR / PRESIDENT** ☐ Change ☒ Addition
NAME **PAUL W. LUCAS**
STREET ADDRESS **220 SANDS CUT TER.**
CITY-ST-ZIP **LECANTO 34461**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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: *Paul W. Lucas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)