

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

06-10-2003 90035 019 ***150.00
09-17-2003 90019 035 ***550.00

DOCUMENT # P01000045405

1. Entity Name
SPRING VALLEY ENTERPRISES, INC.



Principal Place of Business

266 WILSHIRE BLVD STE 127
CASSELBERRY FL 32707

Mailing Address

266 WILSHIRE BLVD STE 127
CASSELBERRY FL 32707

2. Principal Place of Business

238 WILSHIRE BLVD
SUITE 149

3. Mailing Address

238 WILSHIRE BLVD
SUITE 149

City & State

CASSELBERRY FL

City & State

CASSELBERRY FL

Zip

Country

32707

Zip

Country

32707



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

55-0825250

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIMBERIA, ARTHUR K

266 WILSHIRE BLVD STE 127

CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

RIMBERIA ARTHUR K

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

238 WILSHIRE BLVD

SUITE 149

City

CASSELBERRY

FL

Zip Code

32707

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

(NOTE: Registered Agent signature required when reinstating)

9/9/2003

DATE

FILE-NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **DPST**
NAME **RIMBERIA, ARTHUR K**
STREET ADDRESS **266 WILSHIRE BLVD STE 127**
CITY-ST-ZIP **CASSELBERRY FL 32707**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST**
NAME **RIMBERIA ARTHUR K**
STREET ADDRESS **238 WILSHIRE BLVD STE 149**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

ARTHUR K. RIMBERIA **407-26 33 000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)