

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90121 007 ***150.00

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DOCUMENT # P01000051305

1. Entity Name
VALERI'S TROPICALS, INC.



Principal Place of Business
**9800 MERLE DRIVE
NORTH FT. MYERS FL 33917**

Mailing Address
**9800 MERLE DRIVE
NORTH FT. MYERS FL 33917**



2. Principal Place of Business
804 monet St.

3. Mailing Address
804 monet St.

Suite, Apt. #, etc.
1a

Suite, Apt. #, etc.
1

City & State
Lehigh Acres, FL

City & State
Lehigh Acres FL

4. FEI Number **65-1108896**

Applied For
Not Applicable

Zip
33936

Country
Lee

Zip
33936

Country
Lee

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

**BOWERS, ROBERT L
23 COLORADO ROAD
LEHIGH ACRES FL 33936**

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 _____ (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 **PD** ☐ Delete
NAME **WATERS, VALERI**
STREET ADDRESS **9800 MERLE DRIVE**
CITY-ST-ZIP **NORTH FT. MYERS FL 33917**

TITLE **PD** ☒ Change ☐ Addition
NAME **WATERS, VALERI**
STREET ADDRESS **804 monet St.**
CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **VD** ☐ Delete
NAME **WATERS, TIM**
STREET ADDRESS **9800 MERLE DRIVE**
CITY-ST-ZIP **NORTH FT. MYERS FL 33917**

TITLE **VD** ☒ Change ☐ Addition
NAME **WATERS, Tim**
STREET ADDRESS **804 monet St.**
CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **TD** ☐ Delete
NAME **COWHAM, KARON**
STREET ADDRESS **9800 MERLE DRIVE**
CITY-ST-ZIP **NORTH FT. MYERS FL 33917**

TITLE **TD** ☒ Change ☐ Addition
NAME **Cowham, Karon**
STREET ADDRESS **804 monet St.**
CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Valeri Waters

4/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)