

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000072563**

1. Entity Name

U.S. VALUATIONS GLOBALLY CORPORATION



Principal Place of Business

22977 SEASPRAY PLACE  
BOCA RATON, FL 33428

Mailing Address

22977 SEASPRAY PLACE  
BOCA RATON, FL 33428

**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1134889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUDD, PATRICIA D  
22977 SEASPRAY PLACE  
BOCA RATON, FL 33428

**DO NOT WRITE  
IN THIS SPACE**

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, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000121843  
04/21/04-80004-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	BUDD, PATRICIA D
STREET ADDRESS	22977 SEASPRAY PLACE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	V
NAME	BUDD, HOLLY L
STREET ADDRESS	22977 SEASPRAY PLACE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	S
NAME	BUDD, CHRISTOPHER
STREET ADDRESS	22977 SEASPRAY PLACE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

O daytime Phone # \_\_\_\_\_

4/20/04