

2002 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-25-2002 90030 003 ***150.00

DOCUMENT # P01000098648

1. Entity Name

~~STAR SECURITY OF TAMPA, INC.~~

NIC

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VALLEE SECURITY OF TAMPA, INC. (Name changed 3/4/02)

Principal Place of Business

4105 N FLORIDA AVE
TAMPA FL 33603

Mailing Address

4105 N FLORIDA AVE
TAMPA FL 33603

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

39-3749547

Applied For

Not Applicable

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

VALLEE, ROBERT
4105 N FLORIDA AVE
TAMPA FL 33603

Name

Thomas J. Vallee

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

4105 N. Florida Ave

Tampa, FL 33603

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.

SIGNATURE

Thomas J. Vallee

3/4/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Thomas J. Vallee

3/4/02

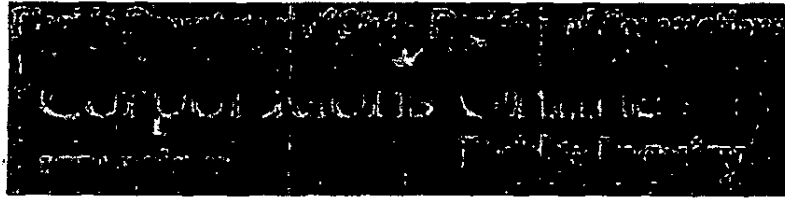
813-661-3653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



Attachment
24632
HPO1000098648

Florida Profit

VALLEE SECURITY OF TAMPA, INC.

PRINCIPAL ADDRESS

4105 N FLORIDA AVE
TAMPA FL 33603

MAILING ADDRESS

4105 N FLORIDA AVE
TAMPA FL 33603

Document Number
P01000098648

FBI Number
NONE

Date Filed
10/09/2001

State
FL

Status
ACTIVE

Effective Date
NONE

Last Event
NAME CHANGE
AMENDMENT

Event Date Filed
03/04/2002

Event Effective Date
NONE

Registered Agent

Name & Address
VALLEE, ROBERT 4105 N FLORIDA AVE TAMPA FL 33603

Officer/Director Detail

Name & Address	Title
NONE	

Annual Reports

Report Year	Filed Date	Intangible Tax