

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90172 033 ***150.00

10111168

**2003 FOR PROFIT CORPORATION/
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000088168	
1. Entity Name REVAL, INC.	
	
Principal Place of Business 10421 GOLDEN BROOK WAY TAMPA, FL 33647	
Mailing Address 10421 GOLDEN BROOK WAY TAMPA, FL 33647	
2. Principal Place of Business 10228 Harney Rd Suite, Apt. #, etc.	
3. Mailing Address 10228 Harney Rd Suite, Apt. #, etc.	
City & State Thonotosassa, FL	
City & State Thonotosassa, FL	
Zip 33592	
Country USA	
Zip 33592	
Country USA	
4. FEI Number 02-0643805	
Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AHMED, ADBELMAGED 10421 GOLDEN BROOK WAY TAMPA, FL 33647	
7. Name and Address of New Registered Agent Name ADBELMAGED AHMED Street Address (P.O. Box Number is Not Acceptable) 10228 Harney Rd City Thonotosassa FL Zip Code 33592	
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 <i>A. Ahmed</i> Signature (Print or Print Name of registered agent, and if it is applicable, (NOTE: Registered Agent's name is required when submitting) DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PST AHMED, ADBELMAGED 10421 GOLDEN BROOK WAY TAMPA, FL 33647 ☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP PST ADBELMAGED AHMED 10228 Harney Rd Thonotosassa, FL 33592 ☒ Change ☐ Addition	
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 any address, with all other like empowered.	
SIGNATURE: <i>A. Ahmed</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Attachment

Reval, Inc.

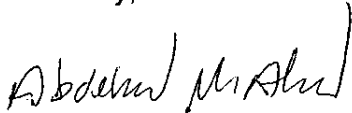
10228 Harney Road
Thonotosassa, FL 33592

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August 13, 2003

Please file this return, as on time due to we did not receive the original return to be filed. We had a change of address on file however the original document was not filed.

Sincerely,



Abdelmaged Ahmed
President