

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/14

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-14-2003 90042 012 ***150.00

DOCUMENT # P02000089490

1. Entity Name
VALUATION CONSULTANTS, INC.



Principal Place of Business
**4432 NW 23RD AVE
SUITE 8
GAINESVILLE FL 32606**

Mailing Address
**4432 NW 23RD AVE
SUITE 8
GAINESVILLE FL 32606**



2. Principal Place of Business
4432 NW 23rd Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

City & State

City & State

Gainesville FL

Zip

Country

Zip

Country

32606

USA

4. FEI Number

16-1629671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASSEY, CATHERINE M
4306 S W 94TH DRIVE
GAINESVILLE FL 32608**

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

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Catherine M. Massey
4306 SW 94th Drive
Gainesville FL 32608**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 an address, with all other like empowered.

SIGNATURE:

Catherine M. Massey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

352-377-7004

Daytime Phone #

CR2E034 (10/02)