

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/12/2003-90102-035-\$550.00-\$550.00

DOCUMENT # P02000109420

1. Entity Name  
J. VALESKY & ASSOCIATES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 SEP 26 PM 12:20

Principal Place of Business  
6740 CROSSWINDS DR N UNIT K-1  
ST PETERSBURG FL 33709

Mailing Address  
6740 CROSSWINDS DR N UNIT K-1  
ST PETERSBURG FL 33709

2. Principal Place of Business  
1135 S PASADENA AVE

3. Mailing Address  
Box 28453



Suite, Apt. #, etc.  
#108

Suite, Apt. #, etc.

City & State  
ST. PETERSBURG, FL

City & State  
KENNETH CITY, FL

Zip  
33707

Country  
PINELLAS

Zip  
33709

Country  
PINELLAS

2/ ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
0601652743

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

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]*

JON L. VALESKY

9-10-03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**RULE NOW!!! FEE IS \$550.00**

After September 10, 2003 Fee will be \$750.00  
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  
PSTD  
VALESKY, JON  
6740 CROSSWINDS DR N UNIT K-1  
ST PETERSBURG FL 33709 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1135 S. PASADENA AVE #108  
ST. PETERSBURG, FL 33707 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 an other like empowered.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED** JON L. VALESKY

9-10-03

727-344-2258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

0009768  
AV  
89/6800

9/30