

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020052

1. Entity Name

V. J. FLOOD INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90113 024 \*\*\*158.75

Principal Place of Business

Mailing Address

1299 SW 5<sup>TH</sup> ST  
BOCA RATON FL 33486

1299 SW 5<sup>TH</sup> ST  
BOCA RATON FL 33486-4401

2. Principal Place of Business

3. Mailing Address

783 CORDOVA DR

Suite, Apt. #, etc.

BOCA RATON

City & State

FLORIDA

Zip

33432

Country

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0391614

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOOD, VALENTINE J  
1299 SW 5 ST  
BOCA RATON FL 33486

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.

SIGNATURE

V. Flood

1-25-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLOOD, VALENTINE J	
STREET ADDRESS	1299 SW 5 ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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:

V. Flood

1-25-00

Date

Daytime Phone #

CR2E034 (9/99)