

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-05-2002 90009 026 ***150.00

DOCUMENT # P93000052492

1. Entity Name
FLORIDA VALUATION, INC.

Principal Place of Business
254 COUNTY RD RD 427 S
STE 225
LONGWOOD FL 32750
US

Mailing Address
PO BOX 952634
LAKE MARY FL 32795
US

72188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3194053

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SULLIVAN, SHARON L
290 ALDRUP WAY
LAKE MARY FL 32746

Name **DAVID P. POLITOWICZ**
 Street Address (P.O. Box Number is Not Acceptable)
1716 Pine Ridge Road
 City **SANFORD,** FL **32773**

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

Sharon L. Sullivan
DAVID P. POLITOWICZ

1/15/02

1/22/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, SHARON L	
STREET ADDRESS	290 ALDRUP WAY	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	POLITOWICZ, DAVID P.	
STREET ADDRESS	290 ALDRUP WAY	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPT, DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID P. POLITOWICZ	
STREET ADDRESS	1716 Pine Ridge Road	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 (402) 865-7878
 Date Daytime Phone #

CR2E034 (9/01)