## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

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

02-14-2003 90218 004 \*\*\*150.00

P93000084751 **DOCUMENT#** 1. Entity Name VALENTINE AND STONE, INC. 90026597 Mailing Address
4450 BONITA BEACH ROAD Principal Place of Business 4450 BONITA BEACH ROAD SHITE 13 SUITE 13 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0454264 Not Applicable .Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. GENNARO, JOYCE Street Address (P.O. Box Number is Not Acceptable) 4450 BONITA BEACH ROAD SUITE 13 **BONITA SPRINGS FL 34134** City Zio 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Defete TITLE TITLE ☐ Channe ☐ Addition CR2E034 (10/02) CONOLTY, MICHAEL J NAME NAME 4450 BONITA BEACH ROAD, SUITE 13 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TIPLE Delete TITLE ☐ Change Addition CONOLTY, MICHEAL J NAME NAME 4450 BONITA BEACH RD #13 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34134. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CONOLTY, ROBERTA NAME NAME 4450 BONITA BEACH RD. #13 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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