

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90022 050 ***150.00

0026393

DOCUMENT # P93000086556

1. Entity Name

VALENTINES OF COUNTRYSIDE, INC.

Principal Place of Business

**27001 U.S. 19 NORTH
 #2055
 CLEARWATER FL 33761
 US**

Mailing Address

**27001 U.S. 19 NORTH
 #2005
 CLEARWATER FL 33761
 US**

2. Principal Place of Business

3. Mailing Address

27001 U.S. 19 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2055

City & State

City & State

CLEARWATER FL

Zip

Country

Zip

Country

33761

US

4. FEI Number **59-3235109**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALSER, DEBRA
 241 SKIFF PT. #3
 CLEARWATER FL 33767**

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

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, 2001 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 ☐ Delete
 NAME **PD WALSER, DEBRA**
 STREET ADDRESS **241 SKIFF PT. #3**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☒ Change ☐ Addition
 NAME **PD WALSER, DEBRA**
 STREET ADDRESS **15305 WEST POND WOODS DRIVE**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

DEBRA WALSER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01
 Date

727-796-8377
 Daytime Phone #

CR2E034 (10/00)