

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90129 019 \*\*\*150.00

**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**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

**15305 W. POND WOODS DR.**

Suite, Apt. #, etc.

City & State

**TAMPA FL**

Zip

**33618**

Country

**USA**

**4. FEI Number**

**59-3235109**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

**WALSER, DEBRA**

Street Address (P.O. Box Number is Not Acceptable)

**15305 WEST POND WOODS DRIVE**

City

**TAMPA**

**FL**

Zip Code

**33618**

**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, 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**

TITLE:  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD**  
**WALSER, DEBRA**  
**15305 WEST POND WOODS DRIVE**  
**TAMPA FL 33618**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-02**

Date

**727 796 8377**

Daytime Phone #

CR2E034 (9/01)