

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90159 031 ***150.00

DOCUMENT # P93000086556

1. Entity Name

VALENTINES OF COUNTRYSIDE INC



DO NOT WRITE IN THIS SPACE

10042519

2. Principal Place of Business

240 WINDWARD PASSAGE

Suite, Apt. #, etc.

1301

3. Mailing Address

240 WINDWARD PASSAGE

Suite, Apt. #, etc.

1301

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59 323 5109

Applied For

Not Applicable

Zip

33767

Country

PINELLAS

Zip

33767

Country

PINELLAS

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DEBRA H. WALSER

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

240 WINDWARD PASSAGE #1301

City

CLEARWATER

FL

Zip Code

33767

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]

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reissuing.)

3-17-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT / TREASURER
DEBRA H. WALSER
240 WINDWARD PASSAGE #1301
CLEARWATER FL 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

(Signature and typed or printed name of signing officer or director)

3-17-03

Date

727-424-4841

Daytime Phone #

CR2E034B (12/02)