

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040499

1. Entity Name

THE VALENTINES & ASSOCIATES, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90173 019 ***150.00

Principal Place of Business

Mailing Address

11440 METRO PARKWAY
FT MYERS FL 33912
US

11440 METRO PARKWAY
FT MYERS FL 33912-1292
US

2. Principal Place of Business

3. Mailing Address

1617 Santa Barbara Blvd
Suite, Apt. #, etc.

1617 Santa Barbara Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral FL

City & State

Cape Coral FL

4. FEI Number

605 55-0510603

Applied For

Not Applicable

Zip

33990

Country

USA

Zip

33990

Country

USA

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

VALENTINE, MATTHEW
2822 S.W. 35TH LANE
CAPE CORAL FL 33914

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, 2000 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 D ☐ Delete
NAME VALENTINE, MICHAEL J
STREET ADDRESS 1726 S.E. 5TH COURT
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE D ☒ Change ☐ Addition
NAME Valentine, Michael
STREET ADDRESS 1806 SE 6th Ave
CITY-ST-ZIP Cape Coral FL 33990

TITLE D ☐ Delete
NAME VALENTINE, CONNIE S
STREET ADDRESS 1726 S.E. 5TH COURT
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE D ☒ Change ☐ Addition
NAME Valentine, Connie
STREET ADDRESS 1806 SE 6th Ave
CITY-ST-ZIP Cape Coral FL 33990

TITLE D ☐ Delete
NAME VALENTINE, MATTHEW R
STREET ADDRESS 2822 S.W. 35TH LANE
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

941 272 7316

Daytime Phone #

CR2E034 (9/99)