2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000084239 May 11, 2000 8:00 am Secretary of State 1. Entity Name VAL MARC, INC. 05-11-2000 90290 040 ***150.00 Principal Place of Business Mailing Address 4898 S. KIRKMAN RD 4898 S. KIRKMAN RD ORLANDO FL 32819 ORLANDO FL 32811-3641 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3411339 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ONCONI. GIUSE PPINA MORICONI, GIUSEPPINA Street Address (P.O. Box Number is Not Acceptable) 4898 SOUTH KIRKMAN ROAD ORLANDO FL 32819 32819 8. The above name of entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 1 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Delete TITLE Change TITLE SPECOLI, WALTER NAME NAME 2927 RIO GRANDE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-7IP KISSIMMEE FL 34741 CITY-ST-ZIP **PVTD** Addition TITHE TITHE ☐ Delete loriconi, Giuse PPina MORICONE, GIUSEPPINA NAME NAME 7091 Villa 7644 APPLE TREE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS 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 SIGNATURE: 1