

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094258

1. Entity Name

VALENCIA CORPORATION OF BRADENTON

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90266 026 ***150.00

Principal Place of Business

Mailing Address

100 WALLACE AVE
STE 260
SARASOTA FL 34237
US

100 WALLACE AVE
STE 260
SARASOTA FL 34237-6092
US

2. Principal Place of Business

3. Mailing Address

1515 RINGLING BLVD

1515 RINGLING BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 890

Suite 890

City & State

City & State

SARASOTA FLORIDA

SARASOTA FLORIDA

Zip

Country

Zip

Country

34236

US

34236

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0630854

Applied For

Not Applicable

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

AVERY, JOSEPH H JR.
3500 EL CONQUISTADOR PKWY
#242
BRADENTON FL 34210

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
NAME AVERY, JOSEPH H JR.
STREET ADDRESS 3500 EL CONQUISTADOR PKWY #242
CITY-ST-ZIP BRADENTON FL 34210

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-00

CR2E034 (9/99)