

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027683

1. Entity Name

VALCO OF SARASOTA, INC.

Principal Place of Business

4733 E TRAILS DR  
SARASOTA FL 34232  
US

Mailing Address

4733 E TRAILS DR  
SARASOTA FL 34232  
US

2. Principal Place of Business

3. Mailing Address

1800 2nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 803

City & State

City & State

Sarasota, FL

Zip

Country

Zip

Country

34234 USA

6. Name and Address of Current Registered Agent

VALENTINE, THOMAS C  
4733 E TRAILS DR  
SARASOTA FL 34232

7. Name and Address of New Registered Agent

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, 2001 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	PVT	<input type="checkbox"/> Delete
NAME	VALENTINE, THOMAS C	
STREET ADDRESS	4733 E TRAILS DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROWE, FELICIA C	
STREET ADDRESS	1800 SECOND ST #803	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

(THOMAS C. VALENTINE)

Date

Daytime Phone #

4/18/01 941 360-0072

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90125 034 \*\*\*150.00

957566



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)