

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90158 010 ***150.00

DOCUMENT # P96000027683

1. Entity Name
VALGOR OF SARASOTA, INC.

Principal Place of Business

**4733 E TRAILS DR
 SARASOTA FL 34232
 US**

Mailing Address

**1800 2ND STREET
 STE 803
 SARASOTA FL 34236
 US**

2. Principal Place of Business

1800 SECOND STREET SUITE 803

Suite, Apt. #, etc.

803

City & State

SARASOTA, FL

Zip

34236

Country

SARASOTA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0673316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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 **THOMAS C. VALENTINE**
 Street Address (P.O. Box Number is Not Acceptable)
1800 SECOND STREET, SUITE 803
 City **SARASOTA FL** Zip Code **34236**

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.

THOMAS C. VALENTINE PRESIDENTY Registered agent
 SIGNATURE **Thomas C. Valentine** DATE **3/12/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 checked="" type="checkbox"/> Delete
NAME	VALENTINE, THOMAS C	
STREET ADDRESS	4733 E TRAILS DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	S	<input checked="" 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, THOMAS C	
STREET ADDRESS	1800 2nd ST. # 803	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	US	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK J. GORMAN	
STREET ADDRESS	1800 SECOND ST. # 803	
CITY-ST-ZIP	SARASOTA, FL 34236	
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		
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: **THOMAS C. VALENTINE** PRESIDENT **3/12/02** **941-366-0622**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)