

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039573

1. Entity Name

THOMAS C. VALENTINE, P.A.

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

04-26-2001 90125 035 ***150.00

Principal Place of Business

1800 SECOND STREET
SUITE 803
SARASOTA FL 34236
US

Mailing Address

P.O. BOX 4616
SARASOTA FL 34230
US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1800 2nd Street

Suite, Apt. #, etc.

Suite 803

Sarasota, FL

34236

USA

4. FEI Number 65-0671870

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALENTINE, THOMAS C
1800 SECOND STREET., STE 803
SARASOTA FL 34236

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 PVST
NAME VALENTINE, THOMAS C
STREET ADDRESS 1800 SECOND STREET., STE 803
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE D
NAME VALENTINE, THOMAS C
STREET ADDRESS 1800 SECOND ST., STE 803
CITY-ST-ZIP SARASOTA FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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* (Thomas C. Valentine) 4/16/01 941 366-6072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)