

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90506 036 ***150.00

DOCUMENT # P96000073678

1. Entity Name
VALUMARK, INC.



Principal Place of Business
**201 SOUTH SECOND STREET
FT. PIERCE FL 34948**

Mailing Address
**P.O. BOX 4382
FT. PIERCE FL 34948**

2. Principal Place of Business
200 S. INDIAN RIVER DR. #301
Suite, Apt. #, etc.

3. Mailing Address
200 S. INDIAN RIVER DR. #301
Suite, Apt. #, etc.

City & State
FORT PIERCE, FL

City & State
FORT PIERCE, FL

4. FEI Number **65-0694908**

Applied For
Not Applicable

Zip **34950** Country **USA**

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LIENHARD, RITA A
201 SOUTH SECOND STREET
FT. PIERCE FL 34948**

7. Name and Address of New Registered Agent

Name **VINCENT A. LLOYD**
Street Address (P.O. Box Number is Not Acceptable)
200 S. INDIAN RIVER DR #301
City **FORT PIERCE** **FL** Zip Code **34950**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Vincent A. Lloyd* DATE **4-16-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, VINCENT A 201 SOUTH SECOND STREET FT. PIERCE FL 34948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIENHARD, FRED C 201 SOUTH SECOND STREET FT. PIERCE FL 34948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vincent A. Lloyd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-16-03** Daytime Phone #

CR2E034 (10/02)