

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90057 037 ***150.00

DOCUMENT # P96000074134

1. Entity Name
VALUVEND, INC.



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

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

00000111



2. Principal Place of Business

510 S. US One

Suite, Apt. #, etc.

Suite 5

City & State

Fort Pierce, FL

Zip
34950

Country
US

3. Mailing Address

510 S US One

Suite, Apt. #, etc.

Suite 5

City & State

Fort Pierce, FL

Zip

34950

Country

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0680243**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Name

Rita A. Lienhard

Street Address (P.O. Box Number is Not Acceptable)

2507 Gray Twig Lane

City

Ft Pierce

FL

Zip Code

34981

7. Name and Address of New Registered Agent

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 **Rita A. Lienhard**

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/03

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 ☐ Delete

NAME **D LLOYD, VINCENT A**
STREET ADDRESS **201 SOUTH SECOND STREET**
CITY-ST-ZIP **FT. PIERCE FL 34948**

TITLE ☐ Delete

NAME **D LIENHARD, FRED C**
STREET ADDRESS **201 SOUTH SECOND STREET**
CITY-ST-ZIP **FT. PIERCE FL 34948**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME **D Lloyd, Vincent A.**
STREET ADDRESS **510 S US One, Suite 5**
CITY-ST-ZIP **Fort Pierce, FL 34950**

TITLE ☐ Change ☐ Addition

NAME **D ~~Fred~~ Lienhard, Fred C.**
STREET ADDRESS **510 S US One, Suite 5**
CITY-ST-ZIP **Fort Pierce, FL 34950**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03 **772-216-6066**
Date Daytime Phone #

CR2E034 (10/02)