

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000061438

FILED
Apr 18, 2003
Secretary of State

Entity Name: VALET FLORIDA, INC.

Current Principal Place of Business:

222 LAKEVIEW AVENUE
SUITE 160-219
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

222 LAKEVIEW AVENUE
SUITE 160-219
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0768961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYLE, ANTHONY M
222 LAKEVIEW AVE. STE. 160-219
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ROYLE, GLORIA
Address: 222 LAKEVIEW AVENUE SUITE 160-219
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P () Delete
Name: ROYLE, ANTHONY M.
Address: 222 LAKEVIEW AVENUE SUITE 160-219
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY ROYLE

P

04/18/2003

Electronic Signature of Signing Officer or Director

Date