


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90109 040 ***150.00

DOCUMENT # P97000063896

1. Entity Name
AMERICAN FLYER VALET INC
DBA / VALET PARK INTERNATIONAL



DO NOT WRITE IN THIS SPACE

50049361

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
805 N. FEDERAL HWY

3. Mailing Address
805 N. FEDERAL HWY

Suite, Apt. #, etc.

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

Zip
33460

Country
PALM BEACH

Zip
33460

Country
PALM BEACH

4. FEI Number
65-0764983

Applied For
 No; Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ADAM W. McCLOY

Street Address (P.O. Box Number is Not Acceptable)
805 N. FEDERAL HWY.

City
LAKE WORTH

FL Zip Code
33460

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 [Signature] ADAM W. McCLOY 4/29/05

SIGNATURE, TYPE OR PRINT NAME OF REGISTERED AGENT AND TITLE (IF APPLICABLE) (TITLE - Registered Agent, signature required when on behalf of) DATE

January 1 - May 1 Fee is \$150.00
After May 1; Fee is \$550.00
Amended UBR is \$61.25
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	<u>PRESIDENT</u> <u>ADAM W. McCLOY</u> <u>805 N. FEDERAL HWY</u> <u>LAKE WORTH, FL 33460</u>	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE 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 or 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] ADAM W. McCLOY PRESIDENT 4/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Signature Photo

CR2E034B (12/02)