

DOCUMENT # P98000025749  
1. Entity Name  
AAAAAAAAAAAAAAAAAAAAAAAAAAAA DAVE VALENTINE BA

Principal Place of Business Mailing Address  
122 ARLINGTON RD 122 ARLINGTON RD  
JACKSONVILLE FL 32211 JACKSONVILLE FL 32211

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

6. Name and Address of Current Registered Agent  
KATZ, HARRY JR  
337 E FORSYTH ST  
JACKSONVILLE FL 32202

FILED  
Jan 08, 2001 8:00 am  
Secretary of State  
01-08-2001 90043 022 \*\*\*150.00  
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3500495 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALENTINE, DAVID 122 ARLINGTON RD N JACKSONVILLE FL 32277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALENTINE, INGRID 122 ARLINGTON RD N JACKSONVILLE FL 32211 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_