FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 24, 2002 8:00 am Secretary of State

04-24-2002 90376 031 ***158.7

				04-24-2002 9	03/6/031 ***158./5	
DOCUMENT # P980 1. Entity Name	000026 72	4				
DOCUMENT# P980 1. Entity Name VALCOR ADVIS	ony INC.	V				
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ing the compression of the second						
2. Principal Place of Business 4931 WORTHINGTONS	3. Mailing Address ファファル・W	10 K14	AM PD.			
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 12 - 32		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DO NOT WRITE IN T		_
City & State VIERA, FL	City & State MELEOVAN	10.	E L	4. FEI Number 59-35055	Applied For Not Applicable	,
Zip Country USA	Zip 32940	Country	A	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				7. Name and Address of Current Regis	tered Agent	7
	Welte		Name <i>W/44//</i>	AM L. PITTENG	<u> たパ</u>	4
DO NOT WRITE IN THIS SPACE			Street Address (F 493) W	(P.O. Box Number is Not Acceptable) VORTHINGTON CIRCL Q		-
		_	^>-		Zio Code	_
		2000	City VIE		FL Zip Code 3895 5	7
8. The above named enlity submits this statem	ent for the purpose of changing it	s registered	office or register	ed agent, or both, in the State of Florida.	_	
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered A	POZ BS/D Agent signature required	when reinstating)	ATE	
9. This corporation is eligible to satisfy its Intar Tax filing requirement and elects to do so. (See criteria on back)	Aiter wa	y 1, Fee is ed UBR is	\$550.00 \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
	AND DIRECTORS					#E
TITLE PD NAME WILLIAM L. P	17 TENGER	TITLE NAME				120
STREET ADDRESS 4931 WORTH, CITY-ST-ZIP VIENT FL	ITTENGER NODE CIRCLE 32955	2 STREET	ADDRESS T-ZIP	andre et en		CR2E034B (12/01
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NAME Street address		NAME STREET	ADDRESS			
CITY-ST-ZIP	····	CITY+S	T-21P			31
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NAME Street Address		STREET	ADDRESS	DO NOT W	RITE	9
CITY-ST-ZIP		CITY-S	T-ZIP		Street State	10
TITLE NAME		TITLE: NAME		III THIS SP	ACE	
STREET ADDRESS		L. Santania	ADORESS			
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STREET ADDRESS		STREET CITY-S	ADDRESS	e processo de anos de como como proceso. La Continua de Anos de Continua de Con		di M
CITY-SI-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	TITLE				00 20 20 20 20
NAME		NAME				35 35 35
STREET ADDRESS CITY-SI-ZIP		STREET CITY+S	FADDRESS ST-ZIP			
13. I hereby certify that the information supplies	ed with this filing does not qualify f			ection 119.07(3)(i). Florida Statutes. I furth	er certify that the information	٦
I hereby certify that the information supplies indicated on this report or supplemental reof the corporation or the receives or trusted the corporation of the c	port is true and accurate and that be empowered to execute this rep like empowered	t my signatu ort as requi	ire shall have the ired by Chapter 6	same legal effect as if made under oath; t i07, Florida Statutes; and that my name a	ppears in Block 11 or on an	1