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

DOCUMENT # P98 0000 5390 1. Entity Name Runald T. Valentine, P.A



	DO NOT WRITE	90088756				
2. Principal Place of Business 19410 Royal Birkulu Pr 9410 Royal Birkule Pr- Suite, Apt. #, etc. 3. Mailing Address 19410 Royal Birkule Pr- Suite, Apt. #, etc.				DÓ NOT WRITE IN THIS SPACE		
City & State	· /	City & State		4. FELNumber	841685	Applied For Not Applicable
<i>3</i> 330	15 Country U>A	33015	Country	5. Certificate of Statu	s Desired	3.75 Additional e Required
			Name	7. Name and Address	of Current Registered A	gent
DO-NOT-MOITE				P.O. Box Number is Not Acceptable)		
IN THIS SPACE				(1.6. Box Hamber to Hotel		
			City	, n,	FL	Zip Code
	named entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the		iliar with, and accept
the obligati	ions of registered agent.					
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature require	d when reinstating)	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 \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND I			english at the real action as a second	POR ALL CARE LOSSES AND EARLY	
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FILED Apr 16, 2003 8:00 am Secretary of State

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12. Thereby 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 expolemental 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 process of the corporation or the process of the corporation of the corp

NAME

STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP