

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

DOCUMENT # P98000078525

1. Entity Name

VALENCIA RIDGE LAND CORP.

FILED

02 OCT -7 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7610 US HWY 41 NORTH

Suite, Apt. #, etc.

3. Mailing Address

7610 US HWY 41 NORTH

Suite, Apt. #, etc.

City & State

PALMETTO, FL

City & State

PALMETTO, FL

4. FEI Number

65-0877485

Applied For

Not Applicable

Zip

34221

Country

US

Zip

34221

Country

US

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES S. LYERLY

Street Address (P.O. Box Number is Not Acceptable)

7610 US HWY 41 NORTH

City

PALMETTO

FL

Zip

34221

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
LYERLY, JAMES S.
7610 US HWY 41 NORTH
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600008315236--
-10/10/02--01089--016
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. LYERLY

10/03/02

Date

941/722-1038

Daytime Phone #

CR2E034B (12/01)

js 10/10/02