

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079566

1. Entity Name

VALCOR REALTY PARTNERS, INC.

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90032 035 ***158.75

00/0213

Principal Place of Business

Mailing Address

2280 HARRIS AVE NE
STE 2
PALM BAY FL 32905
US

2280 HARRIS AVE NE
STE 2
PALM BAY FL 32905
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 32578

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
INDIAN LANTIC FL

4. FEI Number 59-3532755

Applied For

Not Applicable

Zip

Country

Zip
32903

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITTENGER, WILLIAM L
2280 HARRIS AVE NE
STE 2
PALM BAY FL 32905

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 _____
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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PITTENGER, WILLIAM L
STREET ADDRESS 2280 HARRIS AVE NE STE 2
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 #

WILLIAM L. PITTENGER, 2/29/01 321-676-0598

CR2E034 (10/00)