

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90023 040 ***150.00

DOCUMENT # P98000080768

1. Entity Name

VIRGINIA VALVE & RIGGING, INC.

Principal Place of Business

Mailing Address

~~RT # BOX 3355~~ **321 SW Buckhead way**
FORT WHITE FL 32038

~~RT # BOX 3355~~ **321 SW Buckhead way**
FORT WHITE FL 32038

2. Principal Place of Business

321 SW. Buckhead way

3. Mailing Address

321 SW. Buckhead way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. White, FL.

City & State

Ft. White, FL. 32038

Zip

32038

Country

USA

Zip

32038

Country

USA

4. FEI Number

59-3538227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JONES, KENN
RT BOX 3355
FORT WHITE FL 32038

7. Name and Address of New Registered Agent

Name

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

321 S.W. Buckhead way

City

Fort White

FL

Zip Code

32038

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, 2002 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

TITLE **P** ☐ Delete
 NAME **JONES, KENNETH**
 STREET ADDRESS ~~RT # 3355~~ **321 SW Buckhead way.**
 CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **D** ☒ Delete
 NAME ~~JONES, KENNETH R~~
 STREET ADDRESS ~~134 WEST 138TH AVE~~
 CITY-ST-ZIP ~~TAMPA FL 33613~~

TITLE **VP** ☐ Delete
 NAME **JONES, VIRGINIA**
 STREET ADDRESS ~~RT # BOX 3355~~ **321 SW Buckhead way.**
 CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

Jan 16, 2002

Date

Daytime Phone #

CR2E034 (9/01)