

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083228

1. Entity Name

Valcaman, Inc.

Principal Place of Business

603 Central Fl. Parkway
Suite #103
Orlando, FL 32824

Mailing Address

P.O. Box 593553
Orlando, FL
32859-3535

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

Whisler, Michael
914 Meller Way
Orlando, FL 32825

7. Name and Address of New Registered Agent

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP
D Whisler, Michael 914 Meller Way Orlando, FL 32825 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D Sidun, Bart 524 Elmwood Court Kissimmee FL 34743 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 changed, or on an attachment with an address, with all other like empowered.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90126 042 ***158.75

00045533

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3534279

Applied For

Not Applied

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required