

2001 UNIFORM BUSINESS REPORT (UBR)

000840 AV

DOCUMENT # P98000085370

1. Entity Name
VAL-LYN INC.

FILED

02 MAR 18 PM 12:15

Principal Place of Business
536 PLUMOSA DR
SANFORD FL 32771-3547

Mailing Address
536 PLUMOSA DR
SANFORD FL 32771-3547

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01-02

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 57-1074175

Applied For
Not Applicable

Zip

Country

Zip

Country

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

VALLERY, KAY
536 PLUMOSA DR
SANFORD FL 32771-3547

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 Kay L. Vallery (sec./trus) KAYL. VALLERY 8/15/2001
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 VALLERY, LLOYD
STREET ADDRESS 536 PLUMOSA DR
CITY-ST-ZIP SANFORD FL 32771-3547 ☐ Delete

TITLE
NAME
STREET ADDRESS 000005491400--7
CITY-ST-ZIP -05/08/02--01031--004
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE STD
NAME VALLERY, KAY
STREET ADDRESS 536 PLUMOSA DR
CITY-ST-ZIP SANFORD FL 32771-3547 ☐ Delete

TITLE
NAME
STREET ADDRESS 000005491400--7
CITY-ST-ZIP -05/08/02--01031--005
****750.00 ****750.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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: Kay L. Vallery (sec./trus) KAYL. VALLERY 8/15/2001 407 323-7178
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/01)