## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P9900006622 VALLAR & WEAVER, P.A. 05-02-2001 90121 016 \*\*\*150.00 Principal Place of Business Mailing Address 1130 PINEHURST RD., STE, D 1130 PINEHURST RD., STE. D. **DUNEDIN FL 34689** DUNEDIN FL 34689 2. Principal Place of Business 3. Mailing Address 1022 Main ST 1022 Main ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste C Ste C. City & State City & State 4. FEL Number 59-3554205 --- . Applied For 619 Dunudia Dunedin Not Applicable Country \$8.75 Additional MIN WIN 5. Certificate of Status Desired 34698 HS4 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALLAR, GIORGIO Street Address (P.O. Box Number is Not Acceptable) 1130 PINEHURST RD., STE. D 1022 Main ST, STEC. DUNEDIN FL 34689 Zip Code **346 f** f 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. Giorgio Valler FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE ☐ Delete TITLE Change Addition Wallar, Giorgio 1022 main 51, 54 C. VALLER, GEORGIA NAME NAME 1130 ROCHURST RD, STE D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP Dunctin, FA 34011 VPD TITLE ☐ Delete Change ☐ Addition WEASON, JOAL R Weaver, Joel R 1130 ROCHURST RD STE D STREET ADDRESS STREET ADDRESS 1022 main st. st. C. Dynadia, Fla 34698 CITY-ST-7IP DUNEDIN FL 34698 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change Change

☐ Addition