

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019037

1. Entity Name

VALCO REAL ESTATE GROUP, INC.

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90053 017 ***150.00

05195/5

Principal Place of Business

7439 E. HILLSBOROUGH AVE.
TAMPA FL 33610

Mailing Address

7439 E. HILLSBOROUGH AVE.
TAMPA FL 33610

741184

2. Principal Place of Business

2109 E. PALM AVE., # 203

3. Mailing Address

2109 E. PALM AVE., #203

Suite, Apt. #, etc.

SUITE 203

Suite, Apt. #, etc.

SUITE 203

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33605

Country

USA

Zip

33605

Country

USA

4. FEI Number

59-3562160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVY, BUDDY J
7439 E. HILLSBOROUGH AVE.
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

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

2109 E. PALM AVE., SUITE 203

City

TAMPA

FL

Zip Code

33605

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VALVERDE, DON	
STREET ADDRESS	7439 E. HILLSBOROUGH AVE.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, BUDDY J	
STREET ADDRESS	7439 E. HILLSBOROUGH AVE.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALVERDE, DON	
STREET ADDRESS	2109 E. PALM AVE, SUITE 203	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, BUDDY J.	
STREET ADDRESS	2109 E. PALM AVE., SUITE 203	
CITY-ST-ZIP	Tampa, FL 33605	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coffill, John W	
STREET ADDRESS	2109 E. Palm Ave Suite 203	
CITY-ST-ZIP	Tampa, FL 33605	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnsaw, Joyce	
STREET ADDRESS	2109 E. Palm Ave Suite 203	
CITY-ST-ZIP	Tampa, FL 33605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)