

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000019037

1. Entity Name

Valco Real Estate Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2109 E. Palm Avenue

3. Mailing Address

same

Suite, Apt. #, etc.

Ste. 203

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33605

Country

Zip

Country

4. FEI Number

59-3562160

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Buddy J. Levy

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

2109 E. Palm Avenue, Ste. 203

City

Tampa

FL

Zip Code
33605

**DO NOT WRITE
IN THIS SPACE**

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, type 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME	Valverde, Don
STREET ADDRESS	2109 E. Palm Ave., Ste. 203
CITY-ST-ZIP	Tampa, FL 33605
TITLE	D
NAME	Levy, Buddy J.
STREET ADDRESS	2109 E. Palm Ave., Ste. 203
CITY-ST-ZIP	Tampa, FL 33605
TITLE	P
NAME	Coffill, John
STREET ADDRESS	2109 E. Palm Ave., Ste. 203
CITY-ST-ZIP	Tampa, FL 33605
TITLE	V
NAME	Johnson, Joyce
STREET ADDRESS	2109 E. Palm Avenue, Ste. 203
CITY-ST-ZIP	Tampa, FL 33605

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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

SIGNATURE

8/20/02

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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