## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 30, 2000 8:00 am DOCUMENT # **P99000023032** Secretary of State 1. Entity Name VALLEJO CONSULTING INC. 03-30-2000 90048 004 \*\*\*150.00 Principal Place of Business Mailing Address 240 STELLAR CT. 240 STELLAR CT. PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082-4040 2. Principal Place of Business 3. Mailing Address 830-13 240 City & State Applied For hitv & State 356/69 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 2082 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALLEJO, MARK Street Address (P.O. Box Number is Not Acceptable) 240 STELLAR CT. PONTE VEDRA BEACH FL 32082 City 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 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. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2Fn34 (9/99) De ete ☐ Addition TITLE fresident mark Vallero NAME NAME 240 Stellar STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32082 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME Stellar STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 32082 ☐ Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition Delete TITLE TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP