

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91501 020 ***150.00

DOCUMENT # P99000034908

1. Entity Name

VALUATION CONSULTANCY INTERNATIONAL CORP.



DO NOT WRITE IN THIS SPACE

10089256

2. Principal Place of Business

911 CASTLE PINES CT.

3. Mailing Address

P.O. BOX 561111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

ROCKLEDGE FL

Zip

32940

Country

USA

Zip

32956

Country

USA

4. FEI Number

95-4383517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SHIRLEY EUBANKS

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

911 CASTLE PINES CT.

City

MELBOURNE

FL

Zip Code

32940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
BEN EUBANKS
911 CASTLE PINES CT.
MELBOURNE FL 32940

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN EUBANKS BEN EUBANKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.21.03

Date

(321) 255-9413

Daytime Phone #

CR2E034B (12/02)