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

DOCUMENT # P99000034908

1. Entity Name

2. Principal Place of Business all cheare PINES CE



## VALUATION CONSULTANCY INTERNATIONAL CORP.

## DO NOT WRITE IN THIS SPACE

3. Mailing Address

911 CASTLE PINES CT.	P.O. BOX 561111
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State  MELROURNE FL	City & State  ROCKLEPGE FL

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

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Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State  ROCKLEPGE	FL	4. FEI Number 45- 4383517		Applied For Not Applicable
žip <b>3294</b> 0	Country USA	Zip <b>32956</b>	Country USA	5. Certificate of Status Desired		68.75 Additional ee Required
	enguna periodia e producta Ango Kanara periodia			7. Name and Address of Current	Registered /	Agent
DO NOT WRITE			Name SHIRLE Street Address 911 CA	EY EUBANKS ' S.(E.O. Box Number, is Not Acceptable STLE PINES CT.	.)	
	IN THIS S	SPACE				
			City MEL800		FL	Zip Code 32940
	ed entity submits this stateme of registered agent.	ent for the purpose of changing it	s registered office or regist	ered agent, or both, in the State of Fic	rida, I am far	niliar with, and accept
SIGNATURE	·	410	Transaction of the second seco			
	re, typed or printed name of registered at 1 - May 1 Fee is \$150.00		TE: Registered Agent signature requir	ed when reinstating)	DATE	
Aftei Am	May 1, Fee is \$550.00 ended UBR is \$61.25 able to Florida Departmen			<ol> <li>Election Campaign Fin Trust Fund Contribution</li> </ol>		\$5.00 May Be Added to Fees
10		AND DIRECTORS				
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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: \_

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEN EUBANKS

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