

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90440 026 ***150.00

DOCUMENT # **P99000034459** ✓

1. Entity Name

VALERIAN MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

45 ISLAND ESTATES PKWY.

Suite, Apt. #, etc.

3. Mailing Address

45 ISLAND ESTATES PKWY.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM COAST, FL 32135

Zip

Country

City & State

PALM COAST, FL 32135

Zip

Country

4. FEI Number

59-3570835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LICHTER, VALDIN A.

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

45 ISLAND ESTATES PKWY.

City

PALM COAST

FL

Zip Code
32135

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) ☐

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	NAME	TITLE	NAME
STREET ADDRESS	D LICHTER, VALDIN A.	STREET ADDRESS	
CITY-ST-ZIP	45 ISLAND ESTATES PKWY. PALM COAST, FL 32135	CITY-ST-ZIP	
STREET ADDRESS	D LICHTER, BARBARA G.	STREET ADDRESS	
CITY-ST-ZIP	45 ISLAND ESTATES PKWY. PALM COAST, FL 32135	CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

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: 

VALDIN A. LICHTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 386-445-9922

Date

Daytime Phone #

CR2E034B (12/01)