

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046216

1. Entity Name

VALLOREO MASONRY CONTRACTING, INC.

R

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90025 018 ***150.00

Principal Place of Business

1152 SEEDEVA ST.
CLEARWATER FL 33755

Mailing Address

1152 SEEDEVA ST.
CLEARWATER FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



Bill Valloreo
1152 Seedevea St.
Clearwater, FL 33755

etc.

Country

PINELLAS US FL

4. FEI Number

N/A

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALLOREO, WILLIAM F
1152 SEEDEVA ST.
CLEARWATER FL 33755

Name

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

City

FL

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

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)

☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

VALLOREO, WILLIAM F
1152 SEEDEVA ST.
CLEARWATER FL 33755

☐ Delete

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William F. Valloreo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/00 4426419

CR2E034 15/001

Attachment
0#p99000046216

THIS IS THE
ONLY NOTICE
WE HAVE
RECEIVED

THANKYOU