# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019420

FILED

00 MAY 11 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

VALOUR HOUSE, INC.

Principal Place of Business

1402 E. Chilcoot Avenue
Tampa, Florida 33612

Mailing Address

2. Principal Place of Business: See above.
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: See above.
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number: 59-3599615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Shelby Mitchell
1413-B, E. Seneca Avenue
Tampa, Florida 33612

7. Name and Address of New Registered Agent

Name: Not applicable.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NUMBER FEE IS $400.00
After May 1, 2000 fee will be $550.00
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 / STREET ADDRESS / CITY-ST-ZIP | Director/President<br>Shelby Mitchell<br>1413-B, E. Seneca Avenue<br>~~Tampa, Florida 33612~~ | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director/Vice-President<br>Willie Bedford<br>1413-A, E. Seneca Avenue<br>Tampa, Florida 33612 | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** Willie Bedford 5-9-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #