

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90201 036 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000087324			
1. Entity Name VALLACE ENTERPRISES, INC.			
Principal Place of Business 2545 HAMPTON BRIDGE ROAD DELRAY BEACH, FL 33445		Mailing Address 2545 HAMPTON BRIDGE ROAD DELRAY BEACH, FL 33445	
2. Principal Place of Business 5000-T-REX Avenue		3. Mailing Address	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State	
Zip 33431	Country USA	Zip	Country
4. FEI Number 65-0952243		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUBOSAR, HOWARD D 3010 N. MILITARY TRAIL, STE 210 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE _____ (NOTE: Registered agent's signature required when terminating)			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
0 VALLACE, TIMOTHY 2545 HAMPTON BRIDGE ROAD DELRAY BEACH, FL 33445			
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Jo Vallace, President/Director		5/25/03 561-445-2256	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)