

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000087464**

1. Entity Name

VALENCIA LANE, INC.

Principal Place of Business

~~201 E. PINE ST., STE. 1200~~  
ORLANDO FL 32801

Mailing Address

~~201 E. PINE ST., STE. 1200~~  
ORLANDO FL 32801

FILED

01 OCT -9 PM 6:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

301 EAST PINE STREET

Suite, Apt. #, etc.

SUITE 1400

City &amp; State

ORLANDO, FL

Zip

32801

Country

ORANGE

3. Mailing Address

301 EAST PINE STREET

Suite, Apt. #, etc.

SUITE 1400

City &amp; State

ORLANDO, FL

Zip

32801

Country

ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number  
58-7047802

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PLANTE, KELLY B

225 S. ADAMS ST., STE. 250

TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent

Name

MICHAEL E. WRIGHT

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

301 E. PINE ST. #1400

City

ORLANDO

FL

Zip Code

32801

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)

Michael E. Wright

8/20/01

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 12, 2001 Fee will be \$750.00**  
**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  
PST  
WRIGHT, MICHAEL E  
201 E. PINE ST., STE. 1200  
ORLANDO FL 32801 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
PLANTE, KELLY B  
225 S. ADAMS STREET, STE. 250  
TALLAHASSEE FL 32302 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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  
301 EAST PINE STREET, STE. 1400  
ORLANDO, FL 32801TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/20/01 401-284-5034