

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094713

1. Entity Name

VALBRIZ, Corp.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 30 AM 9:18

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1880 Collins Landing Rd.

3. Mailing Address

1880 Collins Landing Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

65-0957415

Applied For

Not Applicable

Zip

32310

Country

USA

Zip

32310

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VALERIE A. FABBRIZZI

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

1880 Collins Landing Rd.

City

Tallahassee

FL

Zip Code

32310

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IN THIS SPACE**

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

V. Fabbrizzi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/03

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
STREET ADDRESS
CITY-ST-ZIP

PST
VALERIE A. FABBRIZZI
1880 Collins Landing Rd
Tallahassee, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

05/30/03--01014--023 **208.75

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)