2001 UNIFORM BUSINESS REPORT (UBR)

<u></u>	AENT # DOCCOOL	04335	•								
DOCUMENT # P99000104335 1. Entity Name							FILED				
VALUATION RESOURCES, INC.						01 FEB 26 PM 3: 19					
Principal Place of Business Mailing Address						SECRETARYIOF STATE TALLAHASSEE, FLORIDA					
2141 RIO MAR COURT JACKSONVILLE FL 32224 2141 RIO MAR COURT JACKSONVILLE FL 32224						IALL	, - 10 CO 11 114.				
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Principal Place of Business 3. Mailing Address			1 / 6 /	1001	,						
10448 Trid, an Walk Rd. 10448 Trid Suite, Apt. #, etc. Suite, Apt. #, etc.			LIAN WAK Rd			DO NOT WRITE IN THIS SPACE					
City & State	<u></u>	City & State		_	4.	FEI Number	59-3617625		Ар	plied For]
JACKSO	NVINE FL	acksonule A								t Applicable	-
Zip 3225	Country USA	Zip 32257	Countr	-			Status Desired	□ Ė	8.75 Add ee Required		
	6. Name and Address of Current F			Name	7.	Name and A	ddress of New R	egistered Ag	jent		
SPIE	GEL & UTRERA, P.A.				ddroop /B.O.	Poy Number	is Not Acceptable	 			-
343 A	ALMERIA AVENUE			Street A	duress (F.O.	——————	s Not Acceptable	·) 			-
CON	AL GABLES FL 33134			Oit.					Zip Code		
		•		City				FL	Zip couc]
SIGNATURE	named entity submits this statement for Signature, typed or printed name of registered agent a				ure required when			DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW! After MAY 1, 20 Make Check Payab				vill be \$	550.00		ion Campaign Fir Fund Contributio			0 May Be I to Fees	1
11.	OFFICERS AND	DIRECTORS	12.				HANGES TO OFF				1 ,
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STREET ADDRESS	2141 RIO MAR COURT			T ADDRESS ST-ZIP	10040	INDIN	ore workhd. pl. 3005	•			
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NAME			NAME			60	00038	8031	96-	-3:	نداد
STREET ADDRESS CITY-ST-ZIP				t address St-ZIP		**	00038 -03/06/ *****!	01011	<u>16−−0</u> ; *****15	12 10.00	1
TITLE		☐ Delete	TITLE				* *		☐ Change	☐ Addition	79.**
NAME			NAME	T ADDRESS							
STREET ADDRESS CITY-ST-ZIP			•	ST-ZIP				<u></u>			
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* NAME \$ STREET ADDRESS			NAME STREE	T ADDRESS	1						
CITY-ST-ZIP	,			ST-ZIP							-
TITLE NAME		☐ Delete	TITLE NAME						□ Change SP	Addition	
STREET ADDRESS			STREE	et address					OI_		
CITY-ST-ZIP				ST-ZIP	1	- 110 07/0\/"	Clasida Dietara	I further ====	fu that tha		+
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor, or on an attachment with an address,	true and accurate and that owered to execute this repor	my signati rt as requir								