2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000104335

1. Entity Name

VALUATION RESOURCES, INC.



FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90135 002 ***150.00

Principal Place of Business 6028 CHESTER AVENUE SUITE 106 JACKSONVILLE FL 32217		Mailing Address 6028 CHESTER AVENUE SUITE 106 JACKSONVILLE FL 32217								
2. Principal Place of Business		3. Mailing Address					110 (1106 110) 14106 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF	MAKING CHA	NGES		
City & State		City & State		4.	4. FEI Number 59-3617625			Applied For Not Applicable		
Zip	Country	Zip	Zip Count			5. Certificate of Status Desired			75 Additional Required	
6. Name and Address of Current Registered Agent					7.	Name and Address of New Re	gistered Agent			
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134				STEVEN C. TRITED Street Address (P.O. Box Number is Not Acceptable) VOLUDION RESOURCES INC. 6028 Chester Avenue Ruste 106						
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Fina Trust Fund Contribution. DOITIONS (CHANGES TO OFFICE)		Added	May Be to Fees	
10.	OFFICERS AND DIRECTORS		11.	· · · · · · · · · · · · · · · · · · ·		DDITIONS/CHANGES TO OFFIC			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TATRO, STEVEN 10448 INDIAN WALK RD JACKSONVILLE FL 32257	□ Delete						hange	Audition	
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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 607, 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: