

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

01-02

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 22 PM 4:00

DOCUMENT # 501702

1. Entity Name

VALCO Rehabilitation SUC. INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6301 Memorial Hwy

Suite, Apt. #, etc.

Suite 101

City & State

TAMPA FLORIDA

Zip

33615

Country

Hillsborough

3. Mailing Address

6301 Memorial Hwy

Suite, Apt. #, etc.

Suite 101

City & State

TAMPA FL

Zip

33615

Country

Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number

593030091

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph A. Cuzzola

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

3112 Oyster Bayou Way

City

Clearwater

**FL**

Zip Code

33759

**DO NOT WRITE  
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

Joseph A. Cuzzola

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

Joseph A. Cuzzola

(NOTE: Registered Agent signature required when registering)

2-15-02

DATE

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

P-VP-T-S

Joseph A. Cuzzola

3112 Oyster Bayou Way

Clearwater FL 33759

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

200005081312--8

-03/11/02--01073--008

\*\*\*\*158.75 \*\*\*\*158.75

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Joseph A. Cuzzola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-02

Date

813-888-9440

Daytime Phone #

CR2E034B (12/01)