

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90003 044 \*\*\*150.00

**DOCUMENT # S12529**

1. Entity Name  
**VALENTI, TROBEC & WOODY, INC.**

**661257**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4110 CENTER POINTE DRIVE  
 SUITE 215  
 FORT MYERS FL 33916  
 US**

Mailing Address  
**4110 CENTER POINTE DRIVE  
 SUITE 215  
 FORT MYERS FL 33916  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0228200**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODY, JAY E.  
 8789 BANYAN COVE CIR  
 FT MYERS FL 33919**

Name

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

City

**FL**

Zip Code

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)

DATE

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	VALENTI, DELANO A.	
STREET ADDRESS	6054 LIVERNOIS, SUITE 1	
CITY-ST-ZIP	TROY MI	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WOODY, JAY E.	
STREET ADDRESS	8789 BANYAN COVE CIR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TROBEC, ROBERT .	
STREET ADDRESS	6054 LIVERNOIS	
CITY-ST-ZIP	TROY MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**R. W. FRICKEL COMPANY, P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

Attachment  
661257  
812529

SUITE 3  
6050 LIVERNOIS ROAD  
TROY, MICHIGAN 48098  
(248) 879-1450  
FAX: (248) 879-2750

May 31, 2001

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

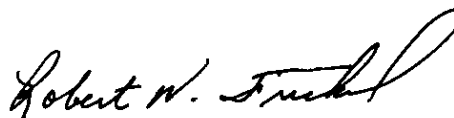
Enclosed please find the 2001 Uniform Business Report for Valenti, Trobec & Woody, Inc.

We respectfully request that you waive any late filing penalties for the reasons which follow:

Valenti, Trobec & Woody, Inc. received erroneous advise from us with respect to the filing deadline of the Report. Due to an illness which was beyond our control, and resulting staff changes, the instructions were misinterpreted to provide for a sixty day filing grace period. We have since adjusted our due date calendar so that this error will not occur in the future.

Very truly yours,

R.W. FRICKEL COMPANY, P.C.



Robert W. Frickel