

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V24878**

1. Entity Name
DAVE VALENTINE INSURANCE, INC.

Principal Place of Business
**122 ARLINGTON RD., N.
JACKSONVILLE FL 32211**

Mailing Address
**122 ARLINGTON RD., N.
JACKSONVILLE FL 32211**

2. Principal Place of Business
3217 Atlantic Blvd
Suite, Apt. #, etc.

3. Mailing Address
3217 Atlantic Blvd
Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip
32207 Country

City & State
Jacksonville FL
Zip
32207 Country

4. FEI Number **59-3117734** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VALENTINE, DAVE
122 ARLINGTON RD., N.
JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3217 Atlantic Blvd
City **Jacksonville** FL Zip Code **32207**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **P** ☐ Delete
NAME **VALENTINE, DAVE**
STREET ADDRESS **122 ARLINGTON RD., N.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☐ Delete
NAME **VALENTINE, INGRID**
STREET ADDRESS **122 ARLINGTON RD N.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ Delete
NAME **VALENTINE, SAMANTHA**
STREET ADDRESS **122 ARLINGTON RD., N.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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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 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 # _____

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90002 043 ***150.00



DO NOT WRITE IN THIS SPACE

0024304 AV

CR2E034 (9/01)