

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90070 004 \*\*\*150.00

**DOCUMENT # 670022**

Entity Name  
**VAC ESTIMATORS, INC.**

Principal Place of Business <b>3020 FAIR GREEN DR.          RIVERVIEW FL 33569          US</b>	Mailing Address <b>13020 FAIR GREEN DR.          RIVERVIEW FL 33569          US</b>
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DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1998466</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		59-1998466		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>FRENCH, DONALD E.          13020 FAIR GREEN DR.          RIVERVIEW FL 33569</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		Zip Code	

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. <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PD</b>	NAME <b>FRENCH, DONALD E.</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>13020 FAIR GREEN DR.</b>	CITY-STATE-ZIP <b>RIVERVIEW FL</b>		STREET ADDRESS	CITY-STATE-ZIP	
TITLE <b>T</b>	NAME <b>FRENCH, DONALD E.</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>13020 FAIR GREEN DR</b>	CITY-STATE-ZIP <b>RIVERVIEW FL</b>		STREET ADDRESS	CITY-STATE-ZIP	
TITLE <b>VP</b>	NAME <b>FRENCH, DONALD E. JR.</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>116 MITCHELL DRIVE</b>	CITY-STATE-ZIP <b>BRANDON FL</b>		STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP		STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP		STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP		STREET ADDRESS	CITY-STATE-ZIP	

3. 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: Donald E. French      Date: 2-5-2002      Daytime Phone #: 813-677-9486  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)