## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# L00000016169

Entity Name: VEC, L.L.C.

FILED Jan 16, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 882 JACKSON AVE. 195 CONCORD DR. WINTER PARK, FL 32789 CASSELBERRY, FL 32707 **Current Mailing Address: New Mailing Address:** 882 JACKSON AVE 195 CONCORD DR. WINTER PARK, FL 32789 CASSELBERRY, FL 32707 FEI Number: 59-3694759 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CANADA, CAROLYN CANADA, CAROLYN 882 JACKSON AVE. 195 CONCORD DR. WINTER PARK, FL 32789 CASSELBERRY, FL 32707 US US 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: CAROLYN CANADA 01/16/2002 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR () Delete () Change () Addition MYERS, BERNARD Name: Name: 5518 CENTRAL FLORIDA PKWY. Address: Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition PRIEHS, DANIEL Name: Name: Address: 9901 SOUTH US HWY, 17-92 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HICKS, ROBERT Name: Name: 2229 BOGGY CREEK RD. Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: HAWKINS, GENYE Name: 11265 SOUTH HWY. 441 Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CANNON, RANDALL Name: Name: 753 FAIRBANKS DR. Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: () Change () Addition RUBINSTEIN, RICHARD Name: Name: Address: 1484 TUSCAWILLA RD. Address: OVIEDO, FL 32765 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GENYE HAWKINS, DVM MGRM 01/16/2002