2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/2:

FILED
May 21, 2003 8:00 am
Secretary of State

04-23-2003 90191 005 ***150.00

55642502

DOCUMENT # P02000092953

1. Entity Name
V-V AND ASSOCIATES, S.E., INC.

Principal Place of Business	Mailing Address
5600 U.S. HWY 98 N. STE 5 LAKELAND FL 33809	5600 U.S. HWY 98 N. STE 5 LAKELAND FL 33809

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ✓ 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
DEAN, JOHN 5600 U.S. HWY 98 N. STE 5 LAKELAND FL 33809	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. I am familiar with, and accept the obligations of registered agent.

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

~~FILE NOW!!! FEE IS $150.00~~
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLIDER, LONNIE 3701 HICKORY RIDGE CT MARIETTA GA 30066	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DEAN, JOHN 820 FOXHALL LAKELAND FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED John M. Dean 4/21/03 863-858-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Attachment

550423O2

#P02000092953

Memo

Date: 5/19/2003

To: Division of Corporations --- Fl: Dept. of State

From: John Dean --- V-V & Associates S. E., Inc.

Subject: Federal Employee Identification Number for Fl. 2003 For Profit Corporation Uniform Business Report - Document # P02000092953

To Whon It May Concern ,

I greatly apologize for not having already aquired this number before submitting the above document. I have now applied for it, and will submit it to you as soon as I recieve it.

Thank you for your patience,

John M. Dean

ph 863-858-3200 fax 863-858-1561