

**2003 FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90166 016 ***150.00

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DOCUMENT # V12330

1. Entity Name
THE VELCON GROUP, INC.



Principal Place of Business
**702 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953**

Mailing Address
**702 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0314453**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**VELASCO, ERNESTO
702 SW PORT ST. LUCIE BLVD.
SUITE F
PORT ST. LUCIE FL 34953**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	VELASCO, ERNESTO 702 S.W. PORT ST. LUCIE BLVD. PORT SAINT LUCIE FL 34953	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	VELASCO, NEDRA 702 S.W. PORT ST. LUCIE BLVD. PORT SAINT LUCIE FL 34953	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	VELASCO, ERNESTO SR 702 S.W. PORT SAINT LUCIE PORT SAINT LUCIE FL 34953	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	PORCH, C EDWARD 702 S.W. PORT ST. LUCIE BLVD. PORT SAINT LUCIE FL 34953	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 (772) 879-0477
Date Daytime Phone #

CR2E034 (10/02)