

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90115 009 \*\*\*150.00

**DOCUMENT # P97000089438**

1. Entity Name  
**5150, INC.**

Principal Place of Business <b>300 OCEAN AVE. STE 5          MELBOURNE BEACH FL 32951</b>	Mailing Address <b>300 OCEAN AVE. STE 5          MELBOURNE BEACH FL 32951</b>
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2. Principal Place of Business Suite, Apt. #, etc. <i>as above</i>	3. Mailing Address Suite, Apt. #, etc. <i>as above</i>
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3518507</b>	Applied For <input type="checkbox"/> Not Applicable																
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																	
<table border="1"> <tr> <th colspan="2">6. Name and Address of Current Registered Agent</th> <th colspan="2">7. Name and Address of New Registered Agent</th> </tr> <tr> <td colspan="2"> <b>VURRO, VINCENT            300 OCEAN AVE, STE 5            MELBOURNE BEACH FL 32951</b> </td> <td>Name</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td><i>T/A</i></td> </tr> <tr> <td colspan="2"></td> <td>City</td> <td><b>FL</b> Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		<b>VURRO, VINCENT            300 OCEAN AVE, STE 5            MELBOURNE BEACH FL 32951</b>		Name				Street Address (P.O. Box Number is Not Acceptable)	<i>T/A</i>			City	<b>FL</b> Zip Code
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent															
<b>VURRO, VINCENT            300 OCEAN AVE, STE 5            MELBOURNE BEACH FL 32951</b>		Name															
		Street Address (P.O. Box Number is Not Acceptable)	<i>T/A</i>														
		City	<b>FL</b> 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.

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) <input type="checkbox"/>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VURRO, VINCENT</b>	NAME	
STREET ADDRESS	<b>5150 PALMETTO DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>S MELBOURNE BEACH FL 32951</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Vincent Vurro* **04-29-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)