

FROM : **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FAX NO. :

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91200 046 \*\*\*150.00

DOCUMENT # **257000**

1. Entity Name

**Vanguard Products, Inc.**

**DO NOT WRITE IN THIS SPACE**

**B0124151**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**582 S.W. Flagler Ave.**

3. Mailing Address  
**582 S.W. Flagler Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Fort. Lauderdale, FL**

City & State  
**Fort. Lauderdale**

Zip  
**33301**

Country  
**U.S.A**

Zip  
**33301**

Country  
**U.S.A**

4. FLI Number  
**59-1000405**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
**Joseph K. Nofil, P.A.**

Street Address (P.O. Box Number if Not Applicable)  
**3284 North State Road 7**

City  
**Lauderdale Lakes** FL Zip Code  
**33319**

**DO NOT WRITE IN THIS SPACE**

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

*[Signature]*

DATE

**4/30/02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

**OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PT</b> <b>David Farmer</b> <b>582 SW Flagler Ave.</b> <b>Fort. Lauderdale FL 33301</b>
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**DO NOT WRITE IN THIS SPACE**

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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 of (on an attachment with an address) and on other like empowered.

SIGNATURE: *David Farmer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR