

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 411120

1. Entity Name

JOHN VETTER & SONS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90093 049 ***150.00

Principal Place of Business

1335 27TH AVENUE
VERO BEACH FL 32960

Mailing Address

1335 27TH AVENUE
VERO BEACH FL 32960-3974

2. Principal Place of Business

1114 Old Dixie Hwy.

Suite, Apt. #, etc.

Bldg D, Unit 4

3. Mailing Address

1114 Old Dixie Hwy.

Suite, Apt. #, etc.

Bldg. D, Unit 4

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

59-1494180

Applied For

Not Applicable

Zip

32960

Country

Indian River

Zip

32960

Country

Indian River

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

VETTER, JOHN JOSEPH
1335 27TH AVENUE
VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

1114 Old Dixie Hwy, Bldg D, Unit 4

City

Vero Beach

FL

Zip Code 32960

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VETTER, JOHN JOSEPH 1335 27TH AVENUE VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VETTER, JOHN GREGORY 366 28 COURT SW VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VETTER, ELAINE M. 1335 27TH AVENUE VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1114 Old Dixie Hwy., Bldg D, Unit 4, Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1114 Old Dixie Hwy., Bldg D, Unit 4 Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1114 Old Dixie Hwy., Bldg. D, Unit 4 Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

John G. Vetter

561-567-0750

Date

Daytime Phone #

CR2E034 (9/99)