

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 442098

1. Entity Name

VASCO, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90057 002 \*\*\*150.00

Principal Place of Business

830 EAST MAIN STREET  
LAKELAND FL 33801

Mailing Address

P.O. BOX 92717  
LAKELAND FL 33804-2717  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1516385**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

BROCK, LEWIS B.  
6309 EGRET DRIVE  
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name

**BROCK, DOROTHY**

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

**6238 EGRET DRIVE**

City

**Lakeland**

**FL**

Zip Code

**33809**

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

*Dorothy Brock*

*Dorothy Brock*

**4-2-00**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROCK, LEWIS B, JR.	
STREET ADDRESS	6309 EGRET DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BROCK, DOROTHY	
STREET ADDRESS	6238 EGRET DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROCK, CHERYL M	
STREET ADDRESS	6309 EGRET DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, LEWIS B, JR.	
STREET ADDRESS	407 Gleneagles Drive	
CITY-ST-ZIP	Summerville, SC 29483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, CHERYL M.	
STREET ADDRESS	407 Gleneagles Drive	
CITY-ST-ZIP	Summerville, SC 29483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Lewis B. Brock, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2-00**

Date

**(863) 858-4460**

Daytime Phone #