

2000 UNIFORM BUSINESS REPORT (UBR)

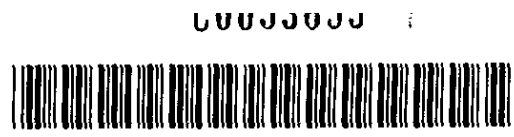
FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90057 002 ***150.00

DOCUMENT # 442098

1. Entity Name
VASCO, INC.

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.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1516385				Applied For <input type="checkbox"/>		Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BROCK, LEWIS B. 6309 EGRET DRIVE LAKELAND FL 33809				Name BROCK, Dorothy					
				Street Address (P.O. Box Number is Not Acceptable) 6238 EGRET DRIVE					
				City Lakeland		State 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.

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	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROCK, LEWIS B, JR.			NAME	BROCK, LEWIS B, JR.		
STREET ADDRESS	6309 EGRET DRIVE			STREET ADDRESS	407 Gleneagles Drive		
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP	Summerville, SC 29483		
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROCK, DOROTHY			NAME			
STREET ADDRESS	6238 EGRET DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROCK, CHERYL M			NAME	BROCK, CHERYL M.		
STREET ADDRESS	6309 EGRET DRIVE			STREET ADDRESS	407 Gleneagles Drive		
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP	Summerville, SC 29483		
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: *Lewis B Brock, Jr* **Lewis B. Brock, Jr** **4-2-00** **(863) 858-4460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #