

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 606225

1. Entity Name

JAMES E. VEST, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90076 036 ***150.00

Principal Place of Business

4020 W HORACE ALLEN ST
LECANTO FL 34461
US

Mailing Address

4020 W HORACE ALLEN ST
LECANTO FL 34461-9655
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jame

City & State

Jame

Zip

Country

Zip

Country

4. FEI Number

59-1867444

Applied For

Not Applicable

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

VEST, JAMES E
4020 W HORACE ALLEN ST
LECANTO FL 34461

Name

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

City

FL

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

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.

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**\$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
PD
VEST, JAMES E
4020 W HORACE ALLEN ST
LECANTO FL 34461

☐ Delete

TITLE
NAME
STREET ADDRESS
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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:

James E Vest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00
Date

352-628-3660
Daytime Phone #

CR2E034 (9/99)