

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

AMENDEI

02 AUG 29 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 609327

1. Entity Name

VROOM ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

976272

2. Principal Place of Business

1419 PINE BAY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

46 N. WASHINGTON BLVD.

Suite, Apt. #, etc.

SUITE 1

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FLCity & State
SARASOTA, FL

4. FEI Number

59-1885515

Applied For

Not Applicable

Zip
34231

Country

Zip

34236

Country

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

7. Name and Address of Current Registered Agent

Name

PATTERSON, JOHN

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

46 N. WASHINGTON BLVD., #1

City

SARASOTA

FL

Zip Code

34236

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

(NOTE: Registered Agent signature required when making change)

DATE

8/21/02

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	P, D	VROOM, ERNIE	
		1419 PINE BAY ROAD	
		SARASOTA, FL 34231	
	VP, S, T, D	VROOM, BERNARD SR.	
		4325 GULF OF MEXICO DRIVE	
		LONGBOAT KEY, FL 34228	
		DO NOT WRITE IN THIS SPACE	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 or on an attachment with an address, with all of the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ERNIE VROOM, President

(941) 915-4004

CR2E0348 (12/01)

js 8/29/02