

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018860 AB

DOCUMENT # **A95000001340**

1. Entity Name

**VIBRON LIMITED**

01 APR 27 PM 3: 11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2096 MACADAMIA ST. ST. JAMES CITY FL 33956</b>	Mailing Address <b>POST OFFICE BOX 1407 FINDLAY OH 45839</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0615447</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KRASNY, MICHAEL ESQ.  
780 APOLLO BLVD  
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name  
**Samuel J. Hagan IV**

Street Address (P.O. Box Number is Not Acceptable)  
**Roetzell and Andress**

**2320 1st Street**

City  
**Ft Myers** **FL** Zip Code  
**33901-3419**

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 *Samuel J. Hagan IV* **3/26/01**

Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. <b>\$9,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	<b>P95000053370</b>
NAME	<b>OHFLO, INC.</b>
STREET ADDRESS	<b>2096 MACADAMIA STREET</b>
CITY-ST-ZIP	<b>ST. JAMES CITY FL 33956</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *C. John Kronberg* **4-23-01** **4194239416**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)