2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001788

1. Entity Name

VAULT INVESTORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3: 05

Principal Place of Business	Mailing Address
1301 RIVERPLACE BLVD.. SUITE 2552	1301 RIVERPLACE BLVD.. SUITE 2552
JACKSONVILLE FL 32207	JACKSONVILLE FL 32207-9031

2. Principal Place of Business

6950 Philips Highway

Suite, Apt. #, etc.

Suite 6

City & State

Jacksonville, Florida

Zip 32216   Country Duval

3. Mailing Address

6950 Philips Highway

Suite, Apt. #, etc.

Suite 6

City & State

Jacksonville, Florida

Zip 32216   Country Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3403658

Applied For ☐ / Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, JOHN J
1301 RIVERPLACE BLVD., SUITE 2552
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

6950 Philips Highway

Suite 6

City Jacksonville   FL   Zip Code 32216

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. Capital Contributions as Shown on record. **$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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	13. ADDRESS CHANGES ONLY	
DOCUMENT # P96000050870 NAME THE VAULT GROUP II, INC. STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 2552 CITY-ST-ZIP JACKSONVILLE FL 32207	STREET ADDRESS 6950 Philips Highway Suite 6 CITY-ST-ZIP Jacksonville, Florida 32216	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	7000032651O7---O -05/24/00--01040-=014 ****350.00 ****350.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	7000032651O7---O -05/24/00--01040--015 *****88.75 *****88.75
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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: SIGNATURE REQUIRED

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