

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90245 024 ***150.00

DOCUMENT # F00000003708

1. Entity Name
VANGUARD PRODUCTS GROUP, INC.



Principal Place of Business
**13610 WRIGHT CIRCLE
TAMPA FL 33626**

Mailing Address
**13610 WRIGHT CIRCLE
TAMPA FL 33626**



2. Principal Place of Business
13802 Wright Circle
Suite, Apt. #, etc.

3. Mailing Address
13802 Wright Circle
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **36-4353793**

Applied For
Not Applicable

Zip
33626

Country
U.S.A.

Zip
33626

Country
U.S.A.

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

1/31/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **PETROVICH, DANIEL L**
CITY-ST-ZIP **13610 WRIGHT CIRCLE
TAMPA FL 33626**

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Petrovich, Daniel L.**
CITY-ST-ZIP **13802 Wright Circle
Tampa, FL 33626**

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **KELSCH, CHRISTOPHER**
CITY-ST-ZIP **13610 WRIGHT CIRCLE
TAMPA FL 33626**

TITLE ☒ Change ☐ Addition
NAME **Vice President, Secretary**
STREET ADDRESS **Kelsch, Christopher**
CITY-ST-ZIP **13802 Wright Circle
Tampa, FL 33626**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **BURKE, PAUL C**
CITY-ST-ZIP **2340 ERNIE KRUEGER CIRCLE
WAUKEGAN IL 60087**

TITLE ☒ Change ☐ Addition
NAME **Treasurer, Director**
STREET ADDRESS **Burke, Paul C.**
CITY-ST-ZIP **2340 Ernie Krueger Circle
Waukegan, IL 60087**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03
Date

813-655-9639
Daytime Phone #

CR2E034 (10/02)