

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F49994

Entity Name

VANCATA ENTERPRISES, INC.

FILED
Mar 16, 2000 8:00 a
Secretary of State

03-16-2000 90099 012 ***150.00

Principal Place of Business

Mailing Address

JEWELL DRIVE
 FL 32806

533 JENNIE JEWELL DRIVE
 ORLANDO FL 32806-6238

Principal Place of Business

3. Mailing Address

Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2129895

Applied For
 Not Applicable

Country

Zip

Country

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

C0038739



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANCATA, BRIAN J
 533 JENNIE JEWELL DRIVE
 ORLANDO, FLORIDA
 32806

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

If corporation is eligible to satisfy its Intangible
 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. ☐ \$5.00 May Be
 Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D VANCATA, JANET E 533 JENNIE JEWELL DRIVE ORLANDO, FLORIDA 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD VANCATA, BRIAN J 533 JENNIE JEWELL DRIVE ORLANDO, FLORIDA 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 stated 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian J Vancata (BRIAN J VANCATA)

3/11/00 407 857 3117

CR2E034 (9/99)