2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F4994

1. Entity Name

VANCATA ENTERPRISES, INC.



Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90746 013 ***150.00

FILED

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Principal Place of Business 533 JENNIE JEWELL DRIVE ORLANDO FL 32806		Mailing Address 533 JENNIE JEWELL DRIVE ORLANDO FL 32806			. :	91 2.00 - 2.1			
2. Principal Place of Business		3. Mailing Address				(189(188 ())) 8/8/8 /4/19 (0)(8 /8/10)	5101 B1B11 B1 1 11	81811 &1811 Mt	#II
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		4.		59-2129895		Applied For Not Applicable	
Zip	Country Zip		Country		5. (Certificate of Status Desired		B.75 Add	
6. Name and Address of Current Registered Agent		Registered Agent			7. N	lame and Address of New Rec	istered Ag	ent	
The second of th				Name					
VANCATA,	, Brian j je jewell drive	Str		Street Address	(P.O. B	ox Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·		
CORLANDO	•		ŀ			AMERICA	•	<u> </u>	
		*	}	City			FL	Zip Code	е
	* 17			1.40				nilias suith	and agent
the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s registere	ed office or registi	ereo agi	ent, or both, in the State of Florid	oa, ramiar	niliar wildi,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature requir	red when re	sinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				·		Election Campaign Final Trust Fund Contribution.	ncing		May Be to Fees
10.	OFFICERS AND		11.		AD	I DITIONS/CHANGES TO OFFIC	ERS AND C	IRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCATA, JANET E 533 JENNIE JEWELL DRIVE ORLANDO FL	□ Delete	TITLE NAME STREE	1				Change	Addition
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12. I hereby certify that the information supplied with this filling 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

SSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03 4078573117