## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F60347  1. Entity Name					Secretary of State			
	VESTMENTS, INC.		Pa		07-31-2001 90238 02			
Principal Place 650 CYPRESS MERRITT ISLA		Mailing Address 650 CYPRESS ST MERRITT ISLAND FL 32952						
	lace of Business Lenbury Rd. #. Ac.	3. Mailing Address 150 FortLinber Suite, Apt. #, etc.	rry Rd, Vill	ia A	DO NOT WRITE IN THIS			
VILLA Mernet Mernet	Island FL 32952	Merritt Isla	nd FL 329	52 '	FEI Number <b>59-2147491</b>	<b>▶</b>	plied For t Applicable	
<u>37</u> 952	BYLVA FOL 6. Name and Address of Current R	32952 egistered Agent	Brevard		Certificate of Status Desired  Name and Address of New Registered	\$8.75 Add Fee Required Agent		
STOUT, ROBERT H  650 CYPRESS ST  MERRITT ISLAND FL 32952  Name  Street Address (P.O. Box Number IS Not Acceptable)  ALL COMPANY OF THE STREET STAND FL 32952								
SIGNATURE	named entity submits this statement for the statement for the statement of the statement for the state	t title if applicable. (NOTE:	egistered office or regist	tered ag	ent, or both, in the State of Florida.	7/01		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Sta		tate		Added	May Be I to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ROBERTA S 420 ROBERTSVILLE RD. OAK RIDGE TN	∙ 🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV STOUT, SARA D 285 MARLIN DR MERRITT ISLAND, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	PD STOUT, ROBERT H 285 MARLIN DR	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	و در معجود		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERRITT ISLAND, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		• • • • • • • • • • • • • • • • • • • •	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. I hereby of indicated	certify that the information supplied with to on this report or supplemental report is t	nis filing does not qualify for true and accurate and that my	he exemption stated in the signature shall have the	Section e same	119.07(3)(i), Florida Statutes. I further c legal effect as if made under oath; that	ertify that the in am an officer	nformation or director	