

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**  
 03-04-2000 90023 025 \*\*\*150.00

<b>DOCUMENT # F90589</b> 1. Entity Name <b>VAT ENTERPRIZES, INC.</b>			
Principal Place of Business <b>C/O VIRGINIA J. TREFZ</b> <b>1100 BELCHER ROAD LOT 682</b> <b>LARGO FL 34641-3409</b>		Mailing Address <b>C/O VIRGINIA J. TREFZ</b> <b>1100 BELCHER ROAD LOT 682</b> <b>LARGO FL 33771-3409</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2200436</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>TREFZ, VIRGINIA J.</b> <b>1100 BELCHER ROAD LOT 682</b> <b>LARGO FL 33541</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>11. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>TREFZ, VIRGINIA J</b> <b>1100 BELCHER RD LOT 682</b> <b>LARGO, FL 00000</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ROBINSON, PAMELA D</b> <b>1736 TALL PINES D</b> <b>LARGO FL 33771</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HEDLUND, JAMIE R</b> <b>926 BEACH PARK BLVD #10</b> <b>FOSTER CITY CA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Virginia J. Trefz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-29-00**  
 Date

**(727) 449-1043**  
 Daytime Phone #