

DOCUMENT # F90589

1. Entity Name

VAT ENTERPRIZES, INC.



Principal Place of Business

1100 S. BELCHER RD LOT 682
LARGO FL 33771-3409

Mailing Address

1100 S. BELCHER RD LOT 682
1100 BELCHER ROAD LOT 682
LARGO FL 33771-3409

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2200436

Applied For

Not Applicable

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

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

TREFZ, VIRGINIA J.
1100 BELCHER ROAD LOT 682
LARGO FL 33771

7. Name and Address of New Registered Agent

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.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	TREFZ, VIRGINIA J	
STREET ADDRESS	1100 BELCHER RD LOT 682	
CITY - ST - ZIP	LARGO FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBINSON, PAMELA D	
STREET ADDRESS	1736 TALL PINES D	
CITY - ST - ZIP	LARGO FL 33771	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HEDLUND, JAMIE R	
STREET ADDRESS	926 BEACH PARK BLVD #10	
CITY - ST - ZIP	FOSTER CITY CA	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 15, 2007 08:00 AM
Secretary of State

U00000667257

03/26/07-80021-000-150.00

3-12-07 (27)4491043