

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90096 001 ***158.75

DOCUMENT # **F99000006193**

1. Entity Name

VMI, LTD. COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6177 Lake Ellenor Drive

Suite, Apt. #, etc.

3. Mailing Address

13604 Lake Cawood Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL 32806

City & State
Windermere, FL 34786

4. FEI Number:
77-0386866

Applied For
Not Applicable

Zip
32809

Country
USA

Zip
34786

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Linda Dowling

Street Address (P.O. Box Number is Not Acceptable)
13604 Lake Cawood Drive

City
Windermere FL Zip Code
34786

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Michael J. Dowling 13604 Lake Cawood Drive Windermere, FL 34786	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Linda J. Dowling 13604 Lake Cawood Drive Windermere, FL 34786	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other persons empowered.

SIGNATURE:

Linda J. Dowling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda J. Dowling

4/22/02

Date

(407) 905-9072

Daytime Phone #