2000 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # G50806** 1. Entity Name VANCE INDUSTRIES, INC. 01-25-2000 90064 017 ***150.00 Principal Place of Business Mailing Address 11541 SHIPWATCH DRIVE. #1017 11541 SHIPWATCH DRIVE, #1017 LARGO FL 33774 LARGO FL 33774-5726 A0009984 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2346556 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 🛶 . 🔲 💄 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERRY, VANCE Street Address (P.O. Box Number is Not Acceptable) 11541 SHIPWATCH DRIVE, #1017 **LARGO FL 33774** Zip Code FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD ☐ Delete ☐ Change Addition TITLE TITLE PERRY, VANCE NAME NAME STREET ADDRESS 14800 WALSINGHAM RD #701 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL TITLE ☐ Delete TITLE Change ☐ Addition NAME PERRY, VIVIAN ELAINE NAME STREET ADDRESS 14800 WALSINGHAM RD #701 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR OF THE PRINTED NAME OF SIGNING OFFICER OF DIRECTOR OF THE PRINTED NAME OF SIGNING OFFICER OF DIRECTOR OF THE PRINTED NAME OF SIGNING OFFICER OF THE PRINTED NAME OF THE P

13. 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 eath; that I am an officer or director