

2002 UNIFORM BUSINESS REPORT (UBR)

0041599 AV

DOCUMENT # J23601

1. Entity Name

VAUSE'S 4 X 4, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG -5 PM 2:54

Principal Place of Business

1930 N. MISSION RD.
TALLAHASSEE FL 32303

Mailing Address

1930 N. MISSION RD.
TALLAHASSEE FL 32303



2. Principal Place of Business

1147 Wakulla Arran Rd

3. Mailing Address

1147 Wakulla Arran Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Crawfordville FL

City & State

Crawfordville FL

4. FEI Number

59-2704012

Applied For

Not Applicable

Zip

32327

Country

U.S.A.

Zip

32327

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REVELL, DEBORAH

1147 WAKULLA ARRAN RD
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

~~1147 WAKULLA ARRAN RD~~

City

~~CRAWFORDVILLE~~

FL

Zip Code

~~32327~~

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 PD
NAME REVELL, DEBORAH
STREET ADDRESS 1147 WAKULLA ARRAN RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE STD
NAME LONG, SUZANNE
STREET ADDRESS 4233 RABBIT POND RD.
CITY-ST-ZIP TALLAHASSEE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPO
NAME Vause Robert
STREET ADDRESS 1147 Wakulla Arran Rd
CITY-ST-ZIP Crawfordville FL 32327 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-31-02

CR2E034 (9/01)