2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # J44206** 1. Entity Name VESCOR CONSULTING, INC. 01-30-2001 90026 020 ***158.75 Principal Place of Business Mailing Address 8623 REGENCY PARK BLVD. 8623 REGENCY PARK BLVD. PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address 9020 Ran Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2748315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent ADDESSI, MICHAEL V Street Address (P.O. Box Number is Not Acceptable) 8623 REGENCY PARK BLVD **NEW PORT RICHEY FL 34668** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, ture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PSTD ☐ Delete TITLE Addessi Michael V 9020 Rancho Del Ris ADDESSI, MICHAEL V. NAME NAME STREET ADDRESS STREET ADDRESS 8623 REGENCY PARK BLVD CITY-ST-ZIP **NEW PORT RICHEY FL 34668** CITY-\$T-ZIP TITLE Delete TITLE ☐ Addition ADDESSI, LOUIS NAME NAME STREET ADDRESS 94 WEST COURT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CENTEREACH NY TITLE Delete TITLE Change Addition ADDESSI, GIOVANNA NAME NAME STREET ADDRESS 94 WEST COURT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CENTEREACH NY TITLE TITLE ☐ Change Delete ☐ Addition NAME МАМЕ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.