FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State
02-25-2003 90117 011 ***158.75

DOCUMENT # J44206

1. Entity Name
VESCOR CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9020 Rancho Del Rio Drive	9020 Rancho Del Rio Drive
Suite, Apt. #, etc. Suite 111	Suite, Apt. #, etc. Suite 111
City & State New Port Richey FL	City & State New Port Richey FL
Zip 34655 Country US	Zip 34655 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2748315 ☐ Applied For ☐ Not Applicable

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: Addessi, Michael V

Street Address (P.O. Box Number is Not Acceptable): 9020 Rancho Del Rio Drive Suite 111

City: New Port Richey **FL** Zip Code: 34655

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 _____ 2/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	Addessi, Michael V
STREET ADDRESS	9020 Rancho Del Rio Drive Suite 111
CITY-ST-ZIP	New Port Richey FL 34655
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CR2E034 (1/2/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/21/03 727 845 7572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael V. Addessi