

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90191 034 ***150.00

0485394 AV

DOCUMENT # K06374

1. Entity Name
VIMMERSTEDT & ASSOCIATES, INC.



Principal Place of Business
**4415 58TH AVE. N.
ST. PETERSBURG FL 33714
US**

Mailing Address
**P O BOX 20766
ST. PETERSBURG FL 33742**



2. Principal Place of Business
**875 DERBYSHIRE RD.
Suite, Apt. #, etc.
#97**

3. Mailing Address
**875 DERBYSHIRE RD.
Suite, Apt. #, etc.
#97**

☐ CHECK HERE IF MAKING CHANGES

City & State
DAYTONA BEACH, FL
Zip
32117
Country
USA

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DAYTONA BEACH, FL
Zip
32117
Country
USA

4. FEI Number
59-2858568

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**O'CONNELL, PHILIP J.
4260 CENTRAL AVE
ST. PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **VIMMERSTEDT, DOUGLAS**
STREET ADDRESS **4415 58TH AVE. N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

TITLE ☐ Change ☐ Addition
NAME **VIMMERSTEDT, Douglas**
STREET ADDRESS **875 DERBYSHIRE RD., #97**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas Vimmerstedt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/03
Date

Daytime Phone #

CR2E034 (10/02)