

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016774 AF

<b>DOCUMENT #</b> L00000001413	
1. Entity Name <b>VECTOR II, L.C.</b>	
Principal Place of Business 6321 BALBOA LANE APOLLO BEACH FL 33570	Mailing Address 6321 BALBOA LANE APOLLO BEACH FL 33570
2. Principal Place of Business	3. Mailing Address <i>P.O. BOX 3521</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>APOLLO BEACH, FL</i>
Zip	Country <i>USA</i>
	4. FEI Number <i>59-3669622</i>
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>

FILED

01 MAY 14 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KNIGHT, RONALD A 6321 BALBOA LANE APOLLO BEACH FL 33570		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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

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 -06/14/01--01002--004  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, RONALD A		NAME		
STREET ADDRESS	6321 BALBOA LANE		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL 33570		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ronald A Knight* **RONALD A. KNIGHT** *11 May 01* **813**  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #  
 (677) 6775

CR2E083 (11/00)