

2001 UNIFORM BUSINESS REPORT (UBR)

0016774 AF

DOCUMENT # L00000001413	
1. Entity Name VECTOR II, L.C.	
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 P.O. BOX 3521
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State APOLLO BEACH, FL
Zip	Country USA
	Zip 33572-1005

FILED

01 MAY 14 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3669622		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 **813**
Date: 11 May 01 Daytime Phone #: 6776775

(00/11) 083 CR2E083