

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90077 025 ***150.00

DOCUMENT # L57968

1. Entity Name

VERNON MOTORS, INCORPORATED



Principal Place of Business

**5027 SUNBEAM ROAD. BLDG. 4
JACKSONVILLE FL 32257-6152**

Mailing Address

**5027 SUNBEAM ROAD. BLDG. 4
JACKSONVILLE FL 32257-6152**

2. Principal Place of Business

8859-1 Phillips Hwy
Suite, Apt. #, etc.

3. Mailing Address

8859-1 Phillips Hwy
Suite, Apt. #, etc.

City & State

Jax, FL

City & State

Jax, FL

4. FEI Number

59-2993570

Applied For

Not Applicable

Zip

32256

Country

Zip

32256

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUSAN L GREGORIO

12614 E. JODA LN.

JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name

Susan L. Gregorio

Street Address (P.O. Box Number is Not Acceptable)

3087 Old Acosta Rd.

City

Jax

FL

Zip Code

32223

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

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

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GREGORIO, BLAINE V.
12614 E. JODA LN.
JACKSONVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Blaine V. Gregorio
3087 Old Acosta Rd.
Jax, FL 32223** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-03 (904) 363-9901

CR2E034 (10/02)