

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90011 022 \*\*\*550.00

**DOCUMENT # L81913**

1. Entity Name  
**CIRCLE V. ENTERPRISES, INC.**

Principal Place of Business  
**5 NE PEMBROKE PL.**  
**FT. WALTON BCH. FL 32547**

Mailing Address  
**5 NE PEMBROKE PL.**  
**FT. WALTON BCH. FL 32547**

**00061529**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**510 BEACH DR**  
 Suite, Apt. #, etc.

**510 BEACH DR**  
 Suite, Apt. #, etc.

City & State

City & State

**DESTIN FL**

**DESTIN FL**

Zip

Country

Zip

Country

**32541**

**USA**

**32541**

**USA**

4. FEI Number **59-3017287**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAYDA, ROBERT S.**  
**5 NE PEMBROKE PL**  
**FT WALTON BEACH FL 32548**

Name

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

**510 BEACH DR**

City

**DESTIN**

FL

Zip Code

**32541**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**VAYDA, ROBERT S.**  
**5 NE PEMBROKE PL.**  
**FT WALTON BCH FL 32547** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VAYDA ROBERT S**  
**510 BEACH DR**  
**DESTIN FL 32541** ☐ Delete

TITLE  
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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Robert S. Vayda**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-8-01 850 837 9479**

CR2E034 (5/01)