

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001230

1. Entity Name
VAX-D MANUFACTURING USA, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 PM 12:46

Principal Place of Business
CONNELL SQUARE
38549 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Mailing Address
CONNELL SQUARE
38549 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3424054

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYER, ALLAN E
CONNELL SQUARE
38549 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

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]* ALLAN E. DYER

10/31/01

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
Due By September 26, 2001

300004636173--6
-10/15/01--01033--015
****150.00 ****150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME DYER, ALLAN E
STREET ADDRESS 38549 US HIGHWAY 19 N
CITY-ST-ZIP PALM HARBOR FL 34684

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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: *[Signature]* ALLAN E. DYER

07/31/01

(727) 934-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)