

# 2000 UNIFORM BUSINESS REPORT (UBR)

0010045 AF

DOCUMENT # **L98000003519**

1. Entity Name  
**THE VETTE STORE, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:36

Principal Place of Business  
**541 SKYWAY DR  
EDGEWATER FL 32132**

Mailing Address  
**541 SKYWAY DR  
EDGEWATER FL 32132-3046**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **381-54-0911**  
**APPLIED FOR**

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

**ANDERSON, KEVIN W  
4515 OCEAN BEACH BLVD.  
COCOA BEACH FL 32931**

Name **KEVIN W. ANDERSON**

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

**7 KINGS LN**

City **CAPE CANAVERAL FL** Zip Code **32920**

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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME **MGRM ANDERSON, KEVIN W** ☐ Delete  
STREET ADDRESS **6650 N. ATLANTIC AVENUE**  
CITY - ST - ZIP **CAPE CANAVERAL FL 32920**

TITLE NAME **MGRM KEVIN W ANDERSON** ☒ Change ☐ Addition  
STREET ADDRESS **541 SKYWAY DR**  
CITY - ST - ZIP **EDGEWATER FL 32132**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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STREET ADDRESS  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**1/14/00 904-328-3672**

CR2E083 (9/99)