

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014616 AF

DOCUMENT # L99000008120

1. Entity Name
VAX-D INTERNATIONAL, L.C.

00 MAY 16 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

112 SANCTUARY DRIVE
CRYSTAL BEACH FL 34681

Mailing Address

P.O. BOX 120
CRYSTAL BEACH FL 34681-0120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

38549 US Hwy 19 N

3. Mailing Address

38549 US Hwy 19 N

Suite, Apt. #, etc.

Connell Square

Suite, Apt. #, etc.

Connell Square

City & State

Palm Harbor FL

City & State

Palm Harbor FL

Zip

34684

Country

USA

Zip

34684

Country

USA

4. FEI Number

59-3617992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUGG, JOSEPH W.N.
ONE TAMPA CENTER SUITE 2200
201 NORTH FRANKLIN ST
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME ALLAN E. DYER REVOCABLE TRUST
STREET ADDRESS 112 SANCTUARY DRIVE
CITY-ST-ZIP CRYSTAL BEACH FL 34681

☐ Delete

TITLE MGRM
NAME NATALIE M. DYER REVOCABLE TRUST
STREET ADDRESS 112 SANCTUARY DRIVE
CITY-ST-ZIP CRYSTAL BEACH FL 34681

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300003284093--3
-06/12/00--01010--016
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

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

4/28/00

Date

727-934-1002

Daytime Phone #

(66/6) 38028 J