

2001 UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 2001

DOCUMENT # L99000008120

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

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
38549 US HWY 19 N.
CONNELL SQUARE
PALM HARBOR FL 34684

Mailing Address
P.O. BOX 120
CRYSTAL BEACH FL 34681

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

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

City & State
Zip Country

City & State
Zip Country

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
NATALIE M. DYER
Street Address (P.O. Box Number is Not Acceptable)
112 SANCTUARY DRIVE
City
CRYSTAL BEACH FL Zip Code
34681

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 *Natalie M. Dyer* NATALIE M. DYER, OWNER DATE 10/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001
700004676547-8
-11/13/01--01051--031
****150.00 ****150.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLAN E. DYER REVOCABLE TRUST 112 SANCTUARY DRIVE CRYSTAL BEACH FL 34681	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATALIE M. DYER REVOCABLE TRUST 112 SANCTUARY DRIVE CRYSTAL BEACH FL 34681	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Natalie M. Dyer* SIGNATURE REQUIRED M. Dyer, OWNER DATE 10/17/01 (727) 934-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

0006980

CR2E083 (5/01)