

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90057 003 \*\*\*\*50.00

**DOCUMENT # L99000008120**

1. Entity Name

**VAX-D INTERNATIONAL, L.C.**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**34684**

**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

7. Name and Address of New Registered Agent

**DYER, NATALIE M  
 112 SANCTUARY DRIVE  
 CRYSTAL BEACH FL 34681**

Name

**NICK P. COLA, CPA, P.A.**

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

**2759 STATE ROAD 580**

**SUITE 211**

City

**CLEARWATER**

FL

Zip Code

**33761**

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

**Nick P. Cola, CPA, P.A.**

**1/11/02**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 (Vice Pres) 01/15/02 (727) 934-1002**

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

Date

Daytime Phone #

CR2E083 (9/01)