## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2001 8:00 am **DOCUMENT # L99715** Secretary of State JEFF VERMILLION, INC. 02-28-2001 90127 004 \*\*\*158.75 Principal Place of Business Mailing Address 2951 E HIGHWAY 318 2951 E HIGHWAY 318 CITRA FL 32113 **CITRA FL 32113** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0219709 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERMILLION, JEFFERY Street Address (P.O. Box Number is Not Acceptable) 2951 E HGWY 318 CITRA FL 32113 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ■ Addition VERMILLION, JEFFERY NAME STREET ADDRESS 2951 E HIGHWAY 318 STREET ADDRESS CITY-ST-ZIP CITRA FL 32113-2640 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME VERMILLION, LYNETTE W. NAME STREET ADDRESS 2951 E HIGHWAY 318 STREET ADDRESS CITY-ST-ZIP CITRA FL 32113-2640 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

2/28/01 30-595-1996

FILED