

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M85829**

1. Entity Name

VGX INC.**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90185 030 ***150.00

Principal Place of Business

**2400 N.E. WALDO RD.
GAINESVILLE FL 32609
US**

Mailing Address

**2400 NE WALDO ROAD
GAINESVILLE FL 32609
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2896076**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****KOMIYA, MASAO
6420 CELLON CIRCLE SOUTH
P.O. BOX 59
ALACHUA FL 32615**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **WHITE, NORMAN L.**
STREET ADDRESS **RT 1 BOX 539**
CITY-ST-ZIP **MICANOPY FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DCEO**
STREET ADDRESS **SAITO, KEIZO**
CITY-ST-ZIP **4-11-21 MINAMIAZABU
MINATO-KU, TOKYO 106 JAPAN**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DP**
STREET ADDRESS **KOMIYA, MASAO**
CITY-ST-ZIP **P.O. BOX 59, N/A
ALACHUA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **RETH, THERESA**
CITY-ST-ZIP **RT. 1 BOX 539
MICANOPY FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **ST**
STREET ADDRESS **IMOTO, AKI**
CITY-ST-ZIP **4-11-21 MINAMIAZABU
MINATO-KU TO**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **JACKSON, KITHAHARA**
CITY-ST-ZIP **4-11-21 MINAMIAZABU
MINATO-KU TO**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MASAO KOMIYA
PRESIDENT****4/30/01**

Date

352-372-0270

Daytime Phone #

CR2E034 (10/00)