

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90290 021 ***150.00

DOCUMENT # P00000038491
1. Entity VAROOM PROCESSING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1404 QUEENSBURY AVE
Suite, Apt. #, etc.

3. Mailing Address 1404 QUEENSBURY AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State VALRICO FL City & State VALRICO FL 4. FEI Number 59-3639435 Applied For Not Applicable

Zip 33594 Country HILLSBOROUGH Zip 33594 Country HILLSBOROUGH 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE
City CORAL GABLES FL Zip Code 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Paul Grooms - PAUL GROOMS, P.V.T/S/O DATE 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT, VTD/S PHIL GROOMS 1404 QUEENSBURY AVENUE VALRICO, FL 33594</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Grooms - PAUL GROOMS DATE 4/28/03 DAYTIME PHONE # 813-661-4855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34B (12/02)