

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041357

1. Entity Name

VEC-TECH GENERAL CONTRACTING, INC.

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90451 013 ***150.00

Principal Place of Business

633 GREENCOVE TERR #145
ALTAMONTE SPRINGS FL 32414

Mailing Address

633 GREENCOVE TERR #145
ALTAMONTE SPRINGS FL 32414

2. Principal Place of Business

709 Crosby Dr
Suite, Apt. #, etc.

3. Mailing Address

709 Crosby Dr
Suite, Apt. #, etc.

City & State

Altamonte Springs, Fla

City & State

Altamonte Springs, Fla

Zip

32714

Country

USA

Zip

32714

Country

USA

4. FFL Number

59-364-6856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VECCHIO, MICHAEL P
633 GREENCOVE TERR #145
ALTAMONTE SPRINGS FL 32414
32714

7. Name and Address of New Registered Agent

Name: Michael P. Vecchio
Street Address (P.O. Box Number is Not Acceptable): 709 Crosby Dr
City: Altamonte Springs FL Zip Code: 32714

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)

3/6/01
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

TITLE: D
NAME: VECCHIO, MICHAEL P
STREET ADDRESS: 633 GREENCOVE TERR #145
CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32414 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D, P
NAME: Michael P. Vecchio
STREET ADDRESS: 709 Crosby Dr
CITY-ST-ZIP: Altamonte Springs, Fla 32714 ☐ Change ☒ Addition

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

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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

3/6/01

Date

Daytime Phone #

Michael P. Vecchio

(407) 620-6612

CR2E034 (10/00)