

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

APPROVED
AND
FILED

102

03 SEP -4 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051400

1. Entity Name

STEVEN VACCA, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1400 MEADOWS BLVD

3. Mailing Address
1400 MEADOWS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WESTON, FL

City & State
WESTON, FL

4. FEI Number
65-1010739

Applied For
Not Applicable

Zip Country
33327 PALM BEACH

Zip Country
33327 PALM BEACH

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
STEVEN VACCA

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

1400 MEADOWS BLVD

City WESTON FL Zip Code 33327

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/03

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
PRESIDENT
STEVEN VACCA
1400 MEADOWS BLVD
WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200022760692
09/04/03--01071--006 **450.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WESTON, FL 33327

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN VACCA

8/31/03

Date

Daytime Phone #

CR2E034B (12/02)

202

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FL 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

August 14, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

Taxpayer: Steven Vacca, Inc.
FEIN: 65-1010739
Document #: P00000051400
Tax Form: UBR
Tax Period: 2001, 2002, 2003

To Whom It May Concern:

We have enclosed check #102 in the amount of \$450.00 for the annual renewal of the above corporation.

Please abate the penalty as Mr. Vacca has had no correspondence from the Division of Corporations due to relocating twice in the past three years, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Mr. Vacca is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc