

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90136 023 ***150.00

DOCUMENT # P00000078329

1. Entity Name
VEGAS SERVICE CO.



Principal Place of Business
**1361 S OCEAN BLVD
APT 905
POMPANO BEACH FL 33062**

Mailing Address
**PO BOX 667186
COCONUT CREEK FL 33066**

2. Principal Place of Business
12109 SUNSET BLVD

3. Mailing Address
12109 SUNSET BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ROYAL PALM BEACH

City & State
ROYAL PALM BEACH

4. FEI Number **65-1038537**

Applied For
Not Applicable

Zip
33411

Country
USA

Zip
33411

Country
USA

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

**VEGAS, JAMES
3530 NW 21ST ST
COCONUT CREEK FL 33066**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VEGAS, JAMES**
STREET ADDRESS **1361 S OCEAN BLVD APT 905**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **P** ☒ Change ☐ Addition
NAME **VEGAS, JAMES**
STREET ADDRESS **12109 SUNSET BLVD**
CITY-ST-ZIP **RPB, FL 33411**

TITLE **VP** ☐ Delete
NAME **VEGAS, ERICA**
STREET ADDRESS **1361 S OCEAN BLVD APT 905**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **VP** ☒ Change ☐ Addition
NAME **VEGAS, ERIKA**
STREET ADDRESS **12109 SUNSET BLVD**
CITY-ST-ZIP **RPB, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE VERIFIED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/03 **561-762-6180**

CR2E034 (10/02)