

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90032 024 ***150.00

DOCUMENT # P00000108859

1. Entity Name
VEE BEE CORP.

DO NOT WRITE IN THIS SPACE

94017227

2. Principal Place of Business
8870 NO. HIMES AVENUE

Suite, Apt. #, etc.
114

City & State
TAMPA, FLORIDA

Zip 33614 **Country** USA

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number
01-1637898

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FERLA, VINCENT A.S.

Street Address (P.O. Box Number is Not Acceptable)
8870 NO. HIMES AVENUE

City TAMPA **FL** **Zip Code** 33614

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  **VINCENT A.S. FERLA** **12-29-03**
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

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 **\$5.00 - May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP NAME VINCENT A.S. FERLA STREET ADDRESS 8870 NO. HIMES AVENUE CITY - ST - ZIP TAMPA, FLORIDA 33614	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:  **VINCENT A.S. FERLA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-03

Date

Daytime Phone #