

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90251 007 ***150.00

DOCUMENT # P01000024865

1. Entity Name
VADCO INVESTMENTS, INC.

Principal Place of Business

**51 SOUTH MAIN AVENUE
 SUITE 309
 CLEARWATER FL 33767**

Mailing Address

**51 SOUTH MAIN AVENUE
 SUITE 309
 CLEARWATER FL 33767**

2. Principal Place of Business

**799 E. Klosterman Rd
 Suite, Apt. #, etc.
 Unit 80**

City & State
Tarpon Springs

Zip Country
34689 Penn.

3. Mailing Address

**799 E. Klosterman Rd
 Suite, Apt. #, etc.
 Unit 80**

City & State
Tarpon Springs FL

Zip Country
34689 Penn.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3704538

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ACCOUNTING & TAX HELP, INC.
 8668 PARK BLVD.
 SUITE A
 SEMINOLE FL 33777**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PD** ☒ Delete
 NAME **SERRA, IXA**
 STREET ADDRESS **7100 SUNSHINE SKYWAY LANE S. UNIT 902**
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **PD** ☐ Delete
 NAME **DONALD CLOUGH**
 STREET ADDRESS **799 E. Klosterman Rd Unit 80**
 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **VP** ☐ Delete
 NAME **MATTHEW CLOUGH**
 STREET ADDRESS **799 E. Klosterman Rd Unit 80**
 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **VP** ☐ Delete
 NAME **VICTOR HARR**
 STREET ADDRESS **799 E. Klosterman Rd Unit 80**
 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02 721-738-4540

Date

Daytime Phone #

CR2E034 (9/01)