

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90361 042 ***150.00

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DOCUMENT # P01000033180

1. Entity Name
VT PRO, INC.



Principal Place of Business
164 OAKWOOD LANE
PALM BEACH GARDENS FL 33411

Mailing Address
164 OAKWOOD LANE
PALM BEACH GARDENS FL 33411



2. Principal Place of Business
4521 PGA BLVD

3. Mailing Address
4521 PGA BLVD

Suite, Apt. #, etc.
#191

Suite, Apt. #, etc.
#191

☐ CHECK HERE IF MAKING CHANGES

City & State
PALM BEACH GARDENS, FL

City & State
PALM BEACH GARDENS, FL

4. FEI Number 65-1103588

Applied For
Not Applicable

Zip Country
33417 USA

Zip Country
33417 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

KALEEL & ASSOCIATES
555 NORTH CONGRESS AVENUE
SUITE 301
BOYNTON BEACH FL 33426

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☐ Delete
NAME WARD, RICHARD L
STREET ADDRESS 164 OAKWOOD LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33411

TITLE PRESIDENT ☒ Change ☐ Addition
NAME WARD, RICHARD L
STREET ADDRESS 4521 PGA BLVD. #191
CITY-ST-ZIP PALM BEACH GARDENS, FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Richard L. Ward

RICHARD L. WARD

4/29/03

(561) 694-2029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)