2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2002 8:00 am Secretary of State P01000033495 DOCUMENT # 1. Entity Name 02-07-2002 90323 015 ***150.00 VAN-TECH, INC. Principal Place of Business Mailing Address 9084 BRYAN DAIRY ROAD 9084 BRYAN DAIRY ROAD LARGO FL 33777 LARGO FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3719294 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City LARGO 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. FILE NOW!!! FEE IS \$150.00 9: This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** TITLE Change Change Addition TITLE ☐ Delete VANTREESE, CARI R NAME VANTREESE, CARL R GOBY BRYAN DAIRY ROAD STREET ADDRESS 9084 BRYAN DAIRY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33777** LAKGO, F1. 33777 **X** Addition ☐ Delete TITLE Change TITLE DAME, TERRI A NAME NAME 9084 BRYAN DAIRY FOAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARGO FI.33777 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE VANTREESE, MELISSA J 9084 BRYAN DAIRY ROAD NAME NAME STREET ADDRESS STREET ADDRESS LARGO, F1. 33777 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE

13. Thereby certify that the information supplied with this filling 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 attachmer

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP