

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91502 039 \*\*\*550.00

**DOCUMENT # P01000033755**

1. Entity Name  
**VRT, INC.**

Principal Place of Business  
**1249 NORTH ORANGE AVE  
 ORLANDO FL 32804**

Mailing Address  
**1249 NORTH ORANGE AVE  
 ORLANDO FL 32804**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**520 VIRGINIA DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**520 VIRGINIA DRIVE**  
 Suite, Apt. #, etc.

City & State  
**ORLANDO, FLORIDA**

City & State  
**ORLANDO, FLORIDA**

4. FEI Number Applied For  
☒ Not Applicable

Zip Country  
**32803 ORANGE**

Zip Country  
**32803 ORANGE**

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

## 6. Name and Address of Current Registered Agent

**EICHER, DEBORAH  
 1249 NORTH ORANGE AVE  
 ORLANDO FL 32804**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**520 VIRGINIA DRIVE**  
 City **ORLANDO** FL Zip Code **32803**

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 Deborah Eicher **DEBORAH EICHER** **5-3-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARMAN, JOHN M</b> <b>32 SEA CLIFF ROAD SOUTH CLIFF</b> <b>SCARBOROUGH UK Y011 2XU</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARRETT, JOHN E</b> <b>1249 NORTH ORANGE AVE</b> <b>ORLANDO FL 32804</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>BOLSON, BRUCE L.</b> <b>520 VIRGINIA DRIVE</b> <b>ORLANDO, FL. 32803</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bruce L. Olson **BRUCE L. OLSON, TREASURER** **5-2-02** **407-897-6900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)