

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

10f2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -2 PM 1:09

DOCUMENT # PO1000060017

1. Entity Name

V.Z.P. Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 385

Suite, Apt. #, etc.

Greensboro FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

32330

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Vousis Paden

Street Address (P.O. Box Number is Not Acceptable)

632 Liberty Rd

City

Quincy FL

FL

Zip Code

32351

**DO NOT WRITE
IN THIS SPACE**

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

Vousis Paden

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 DP
NAME Vousis Paden
STREET ADDRESS 632 Liberty Rd.
CITY-ST-ZIP Quincy, FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500009299305
12/02/02--01032--015 **158.75

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Vousis Paden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/02

Date

Daytime Phone #

CR2E034B (12/01)

12/2/02

To Whom This may concern
I Vouis Paden didnt Receive any
Annual Report Concerning V.Z.P. Corp
for 2002

Vouis Paden