

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91191 004 \*\*\*150.00

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**DOCUMENT # P01000106631**

1. Entity Name  
**VANCAR ENTERPRISES, INC.**



Principal Place of Business  
**120 ROWLAND AVE  
LEHIGH ACRES FL 33936**

Mailing Address  
**120 ROWLAND AVE  
LEHIGH ACRES FL 33936**

2. Principal Place of Business

3. Mailing Address

**466 BETHANY VILLAGE CIR SAME.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LEHIGH ACRES, FL**

Zip

Country

Zip

Country

**33936**

**USA**

4. FEI Number **65-1153423**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, VANESSA  
120 ROWLAND AVE  
LEHIGH ACRES FL 33936**

Name **RODRIGUEZ, VANESSA**

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

**466 BETHANY VILLAGE CIR**

City **LEHIGH ACRES**

**FL**

Zip Code

**33936**

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 *Vanessa Rodriguez*  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, VANESSA</b>	
STREET ADDRESS	<b>120 ROWLAND AVE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
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STREET ADDRESS		
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: *Vanessa Rodriguez* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03**

Date

**239368-0551**

Daytime Phone #

CR2E034 (10/02)