## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P02000000986

1. Entity Name

J. H. VAUGHN, INC.



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90045 014 \*\*\*150.00

Principal Place 3225 FAIRVIEW MELBOURNE FI	DR.	8		ddress RVIEW DR. RNE FL 32934						
Principal Place of Business     3. Mailing Address										
Suite, Apt. #	, etc.		Suite, A	pt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & S	City & State			4. FEI Number 38 -00/8545		Applied For Not Applicable	
Zip		Country	Zip		Country		Certificate of Status Desired	•	Additional equired	
	6. Name	and Address of Cur	rent Registered A	gent		7.	Name and Address of New F	legistered Agent		
		المرعوب يعجبني	يعمد مرافع برين المسيد		Name		مد ها مدد را د مدمدهای است			
KOSTRO, VICTOR S 1825 RIVERVIEW DR.					Street A	Street Address (P.O. Box Number is Not Acceptable)				
MELBOURNE FL 32901					City			F1 Zin	Code	
								FL		
the obligatio	ns of regist	ered agent.			registered office or	registered a	gent, or both, in the State of Flo	orida. I am familiar	with, and accept	
S	lignature, typed	or printed name of registered	agent and title if applicab	le. (NOT	E: Registered Agent signat	ure required when	reinstating)	DATE		
After I	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550 Florida Departme	.00	•			Election Campaign Fin Trust Fund Contribution	on, 🗀 )	\$5.00 May Be Added to Fees	
10. ﴿	-	OFFICERS.	AND DIRECTORS		11.	Al	DDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 11	
NAME STROET ADDRESS	D VAUGHN, 3225 FAIF MELBOLIE			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		□ Ch	ange 🗀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	INCEDOO!	INC. F.E. GESGY		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			□ Ch	ange 🔲 Addition	
TITLE				☐ Delete	TITLE			☐ Ch	ange	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange 🗌 Addition	

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**