

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 SEP 15 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000013765**

1. Entity Name  
**VICENA INC.**

Principal Place of Business  
12260 WILLOW GROVE RD., BLDG. 2  
CAMDEN, DE 19934

Mailing Address  
12260 WILLOW GROVE RD., BLDG. 2  
CAMDEN, DE 19934

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip - Country

3. Mailing Address  
**1455 Tallevast Road**  
Suite, Apt. #, etc.  
**STE L8319**  
City & State  
**SARASOTA, FLORIDA**  
Zip - Country  
**34243 USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**FLETCHER, W. RICK**  
**360 SOUTH SHORE DR.**  
**SARASOTA, FL 34234**

7. Name and Address of New Registered Agent  
Name **JOSEPH EVANS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1455 Tallevast Road, STE L8319**  
City **SARASOTA** FL Zip Code **34243**

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 / **Joseph Evans June 24, 2003**  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br><b>BONCAMPER, IRVIN</b><br><b>HERITAGE PLAZA, SUITE 532, MAIN ST.</b><br><b>CHARLESTOWN, NEVIS, W.I.</b>                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>PRESIDENT</b><br><b>ELDA EDEN GUERRA RIVERA</b><br><b>HERITAGE PLAZA, STE 532, MAIN ST.,</b><br><b>CHARLESTOWN, NEVIS, W.I.</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>800023048328</b><br><b>09/15/03--01034--014 **1100.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>SECRETARY</b><br><b>ELDA EDEN GUERRA RIVERA</b><br><b>HERITAGE PLAZA, STE 532, MAIN ST.</b><br><b>CHARLESTOWN, NEVIS, W.I.</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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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: **(Director) Irvin Boncamper June 24, 2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)