

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90491 017 \*\*\*150.00

DOCUMENT # **P02000015977**

1. Entity Name  
**VAUGHN CONTRACTING GROUP, INC.**



Principal Place of Business  
**740 FLORIDA CENTRAL PARKWAY  
SUITE 1028  
LONGWOOD FL 32750**

Mailing Address  
**740 FLORIDA CENTRAL PARKWAY  
SUITE 1028  
LONGWOOD FL 32750**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-3012292**

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

**VAUGHN, JOHN M  
1225 BENNETT DRIVE STE 101  
LONGWOOD FL 32750**

Name **VAUGHN, JOHN M**  
Street Address (P.O. Box Number is Not Acceptable)  
**1203 WINDING CHASE BLVD**  
City **WINTER SPRINGS** FL Zip Code **32708**

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 *[Signature]* **John M. Vaughn, PRESIDENT** **1/12/03**  
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  Delete  
NAME **D VAUGHN, JOHN M**  
STREET ADDRESS **1225 BENNETT DRIVE STE 101**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **1203 WINDING CHASE BLVD**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE  Delete  
NAME **D VAUGHN, DONALD G**  
STREET ADDRESS **1821 CARILLON PARK DRIVE**  
CITY-ST-ZIP **OMEDO FL 32765-5148**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
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TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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: *[Signature]* **Donald G. Vaughn** **1/12/03** **407-977-5415**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/10/02

CR2E034 (10/02)