2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90088 032 ***150.00

DOCUMENT # P02000019551

1. Entity Name
VECTOR CONSULTING, INC.

90004795

Principal Place of Business	Mailing Address
324 MARINERS WAY, SUITE B TITUSVILLE FL 32796	324 MARINERS WAY, SUITE B TITUSVILLE FL 32796

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1538 S. WASHINGTON Ave	1538 S. Washington Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Titusville, FL	City & State: Titusville, FL
Zip: 32780 Country: Brevard	Zip: 32780 Country: Brevard

4. FEI Number: 02-0568574 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIDDEN, HENDRIKUS A 324 MARINERS WAY, SUITE B TITUSVILLE FL 32796	Name: Joe P. Calderwood Street Address (P.O. Box Number is Not Acceptable): 1538 S. Washington Ave City: Titusville FL Zip Code: 32780

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 _____ 1-13-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIDDEN, HENDRIKUS A 324 MARINERS WAY, SUITE B TITUSVILLE FL 32796	☐ Delete	D, Pres. Didden, Hendrikus A 1538 S. Washington Ave Titusville, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D, V.P, SOC, CALDERWOOD, JOE P 1538 S. Washington Ave Titusville, FL 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 REQUIRED 1-13-03 321-383-3388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joe P. CALDERWOOD Date Daytime Phone #

CR2E034 (10/02)