

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/30/2003-90070-015-\$150.00-\$150.00

DOCUMENT # P02000089219

1. Entity Name
VAUGHN SALES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 SEP -2 PM 2:49

Principal Place of Business
5551 FRONTIER CIRCLE
LABELLE FL 33951

Mailing Address
5551 FRONTIER CIRCLE
LABELLE FL 33951



2. Principal Place of Business

3. Mailing Address
P.O. Box 2114

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33935

Country

Zip
33975

Country

4. FEI Number

11-3652534

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

VAUGHN, BILL
5551 FRONTIER CIRCLE
LABELLE FL 33951

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
0 VAUGHN, BILL
5551 FRONTIER CIRCLE
LABELLE FL 33951

TITLE
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000022699830
09/02/03--01046--003 ***400.00

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03 863-675-0250
Date Daytime Phone

0138319 AT

CR2E034 (4/03)