


UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000097485			
1. Entity Name GEORGE D VADNEY INC			
Principal Place of Business 2195 TRILLO RD SE PALM BAY, FL 32909		Mailing Address 2195 TRILLO RD SE PALM BAY, FL 32909	
2. Principal Place of Business 1823 Salida St NW Suite, Apt. #, etc.		3. Mailing Address 1823 Salida St NW Suite, Apt. #, etc.	
City & State Palm Bay FL		City & State Palm Bay FL	
4. FEI Number 04-3712998		Applied For Not Applicable	
Zip 32907		Country Brevard	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VADNEY, SONJA 2195 TRILLO RD SE PALM BAY, FL 32909		7. Name and Address of New Registered Agent Name: Vadney, Sonja Street Address (P.O. Box Number is Not Acceptable): 1823 Salida St NW City: Palm Bay FL FL Zip: 32907	
a. 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: <u>Sonja Vadney</u> DATE: <u>4-28-03</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agents require approval when withdrawing) DATE</small>			
b. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRES NAME: VADNEY, GEORGE D STREET ADDRESS: 2195 TRILLO RD CITY-ST-ZIP: SE PALMBAY, FL 32909	<input type="checkbox"/> Delete	TITLE: Pres. NAME: George Vadney STREET ADDRESS: 1823 Salida St NW CITY-ST-ZIP: Palm Bay FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: VADNEY, SONJA STREET ADDRESS: 2195 TRILLO RD CITY-ST-ZIP: SE PALM BAY, FL 32909	<input type="checkbox"/> Delete	TITLE: VP NAME: Sonja Vadney STREET ADDRESS: 1823 Salida St NW CITY-ST-ZIP: Palm Bay FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(1), 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: <u>Geop [Signature]</u>		Date: <u>4-28-03</u> <u>321-508-9174</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90813 008 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

CFR6034 (10/02)