

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90326 048 ***150.00

0087191 AV

DOCUMENT # P02000098450

1. Entity Name

VASHEY FINANCIAL, INC.



Principal Place of Business

~~381 NW 36TH AVE~~
~~DEERFIELD BCH FL 33442~~

Mailing Address

~~381 NW 36TH AVE~~
~~DEERFIELD BCH FL 33442~~

2. Principal Place of Business

5510 Pacific Blvd

3. Mailing Address

5510 Pacific Blvd

Suite, Apt. #, etc.

#109

Suite, Apt. #, etc.

#109

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33433

Country

USA

Zip

33433

Country

USA

4. FEI Number

54-2671359

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

VASHEY, PAULA

~~381 NW 36TH AVE~~

~~DEERFIELD BCH FL 33442~~

7. Name and Address of New Registered Agent

Name

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

5510 Pacific Blvd,

#109

City

Boca Raton

FL

Zip Code

33433

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-11-03

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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | DPS | <input type="checkbox"/> Delete |
| NAME | VASHEY, PAULA | |
| STREET ADDRESS | 381 NW 36TH AVE | |
| CITY-ST-ZIP | DEERFIELD BCH FL 33442 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 5510 Pacific Blvd, #109 | |
| CITY-ST-ZIP | Boca Raton, FL 33433 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-03 954-254-0419

Date

Daytime Phone #

CR2E034 (4/03)

Paula Vashey
5510 Pacific Blvd
apt 109
Boca Raton, FL

Attachment #
Vashey Financial, Inc

7-11-03

33433

10109758

PO2000098450

To Whom it may Concern:

Subj: late UBR filing

I would like to state that I have not received my UBR filing form prior to this date. I moved and never received it. I request a waiver of the filing fee.

Here is my current UBR to reflect my current address and forms required to file the UBR.

Thank You

Paula Vashey