

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0157624 FP

DOCUMENT # P02000124912

1. Entity Name

V & T ENTERPRISES, INC.



02-27-2003 90117 006 ***150.00

07-14-2003 90326 003 ***563.50

Principal Place of Business
6616 PONCE DELEON BLVD
NORTH PORT FL 34286

Mailing Address
6616 PONCE DELEON BLVD
NORTH PORT FL 34286



2. Principal Place of Business

2164 Bruback Rd
Suite, Apt. # etc
North Port, FL 34287
City & State
North Port, FL

3. Mailing Address

6616 Ponce De Leon Blvd.
Suite, Apt. # etc
North Port, FL
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-2306036

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCHUK, VICTOR M
6616 PONCE DELEON BLVD
NORTH PORT FL 34286

7. Name and Address of New Registered Agent

Name Anatoliy Bugayev
Street Address (P.O. Box Number is Not Acceptable)
2164 Bruback Rd
North Port,
City FL Zip Code 34286

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 Victor Marchuk

7.09.03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	D MARCHUK, VICTOR M 6616 PONCE DELEON BLVD NORTH PORT FL 34286	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anatoliy A. D. Bugayev 2164 Bruback Rd, North Port, FL, 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andrey A. D. Bugayev 2164 Bruback Rd, North Port, FL, 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vasily Shmonkin 6616 Ponce De Leon Blvd. North Port, FL, 34286	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Inna V. Bugayev 2164 Bruback Rd North Port, FL, 34286	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tatyana A. Marchuk 6616 Ponce De Leon Blvd. North Port, FL, 34286	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vitaly V. Marchuk 6616 Ponce De Leon Blvd. North Port, FL, 34286	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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(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: *D. Marchuk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.09.03

Date

Daytime Phone #

CR2E034 (4/03)