

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

07-03-2006 90004 001 ****61.25
07-03-2006 90004 002 ****158.75
P05000054215

2006 JUL 24 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66021142

DOCUMENT # P05000054215

1. Entity Name
V-Sept, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3001 N. Rocky Pt Dr
Suite, Apt. #, etc.
Suite 200
City & State
Tampa, FL
Zip
33607 Country
USA

3. Mailing Address
Suite, Apt. #, etc.
Same
City & State
Tampa, FL
Zip
33607 Country
USA

4. FEI Number
20-2604237

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Tim Bradshaw

Street Address (P.O. Box Number is Not Acceptable)
2818 Roe Hampton Close

City
Tarpon Springs FL Zip
34688

**DO NOT WRITE
IN THIS SPACE**

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]

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 <u>President/CEO</u>	NAME <u>Jim Vaughn</u>	TITLE <u>Secretary</u>	NAME <u>Craig Brown</u>
STREET ADDRESS <u>3001 N. Rocky Pt Rd Ste 210</u>	STREET ADDRESS <u>2818 Roe Hampton Close</u>	STREET ADDRESS <u>3084 N. Hermitage Ave</u>	STREET ADDRESS <u>1285 Gasparilla Dr.</u>
CITY-STATE-ZIP <u>Tampa, FL 33607</u>	CITY-STATE-ZIP <u>Tarpon Springs, FL 34688</u>	CITY-STATE-ZIP <u>St. Pete, FL 33704</u>	CITY-STATE-ZIP <u>St. Pete, FL 33702</u>
TITLE <u>Chairman/CEO</u>	NAME <u>Tim Bradshaw</u>	TITLE <u>Treasurer</u>	NAME <u>Gary Reid</u>
STREET ADDRESS <u>2818 Roe Hampton Close</u>	STREET ADDRESS <u>2818 Roe Hampton Close</u>	STREET ADDRESS <u>1285 Gasparilla Dr.</u>	STREET ADDRESS <u>1285 Gasparilla Dr.</u>
CITY-STATE-ZIP <u>Tarpon Springs, FL 34688</u>	CITY-STATE-ZIP <u>Tarpon Springs, FL 34688</u>	CITY-STATE-ZIP <u>St. Pete, FL 33702</u>	CITY-STATE-ZIP <u>St. Pete, FL 33702</u>
TITLE <u>Director</u>	NAME <u>Pete Cammick</u>	TITLE <u>Director</u>	NAME <u>[Signature]</u>
STREET ADDRESS <u>2430 Coffee pot Blvd NE</u>	STREET ADDRESS <u>2430 Coffee pot Blvd NE</u>	STREET ADDRESS <u>2430 Coffee pot Blvd NE</u>	STREET ADDRESS <u>2430 Coffee pot Blvd NE</u>
CITY-STATE-ZIP <u>St. Pete, FL 33704</u>	CITY-STATE-ZIP <u>St. Pete, FL 33704</u>	CITY-STATE-ZIP <u>St. Pete, FL 33704</u>	CITY-STATE-ZIP <u>St. Pete, FL 33704</u>
TITLE <u>Secretary</u>	NAME <u>Craig Brown</u>	TITLE <u>Director</u>	NAME <u>[Signature]</u>
STREET ADDRESS <u>3084 N. Hermitage Ave</u>	STREET ADDRESS <u>3084 N. Hermitage Ave</u>	STREET ADDRESS <u>3084 N. Hermitage Ave</u>	STREET ADDRESS <u>3084 N. Hermitage Ave</u>
CITY-STATE-ZIP <u>Chicago, IL 60613</u>	CITY-STATE-ZIP <u>Chicago, IL 60613</u>	CITY-STATE-ZIP <u>Chicago, IL 60613</u>	CITY-STATE-ZIP <u>Chicago, IL 60613</u>
TITLE <u>Treasurer</u>	NAME <u>Gary Reid</u>	TITLE <u>Director</u>	NAME <u>[Signature]</u>
STREET ADDRESS <u>1285 Gasparilla Dr.</u>	STREET ADDRESS <u>1285 Gasparilla Dr.</u>	STREET ADDRESS <u>1285 Gasparilla Dr.</u>	STREET ADDRESS <u>1285 Gasparilla Dr.</u>
CITY-STATE-ZIP <u>St. Pete, FL 33702</u>	CITY-STATE-ZIP <u>St. Pete, FL 33702</u>	CITY-STATE-ZIP <u>St. Pete, FL 33702</u>	CITY-STATE-ZIP <u>St. Pete, FL 33702</u>

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 on an attachment with an address with or without my empowered.

SIGNATURE
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director Phone

CR2E034B (12/02)

Vehicle-Sales Enhancement & Productivity Tools



7/18/06

FL Dept. of State,

Melinda Turner
Executive Administrator
3001 North Rocky Point Drive, Suite 200
Tampa, FL 33607
Cell: (727) 858-0709
Fax: (866) 226-3508
e-Mail: mtturner@v-sept.com
Web: www.v-sept.com

We have submitted our annual report/uniform business report to you in April 2006 with the \$158.75 check & it was returned to us with a notice that it needed to be re-done because something was incorrect. We called at that time and were told be a representative to re-send the report with an amended fee. We re-submitted it to you again in June with the original check for \$158.75 & an additional check for \$61.25 for an amended UBR fee. Both checks have been cashed by the Dept. of State and both were submitted prior to the deadline.

Please file our report and remove any late fees.

Thank you,

A handwritten signature in black ink, appearing to read 'Jim Bradshaw', with a long horizontal line extending to the right.

Jim Bradshaw
Registered Agent & Chairman of the Board