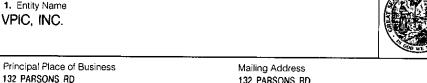
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P38006 **DOCUMENT #**

1. Entity Name VPIC, INC.



132 PARSONS RD

**FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90122 039 \*\*\*150.00

LONGWOOD FL	32779	LONGWOOD FL 32779			
US	•	บร			
2. Principal Place of Business		3. Mailing Address			//
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3101197 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable  \$8.75 Additional
	6. Name and Address of Current	Registered Agent	<u>L </u>	7. Name and Address of New Regi	Fee Required
			Name	7. Name and Address of New negr	stered Agent
MONTGOME	ery, robert L.				
132 PARSO	NS RD		Street Addre	ess (P.O. Box Number is Not Acceptable)	
LONGWOOD					· · · · · · · · · · · · · · · · · · ·
ė					
•			City		FL Zip Code
8. The above na	amed entity submits this statement fo	r the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida	a. I am familiar with, and accept
the obligation	ns of registered agent.		•		
SIGNATURE					
	gnature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature red	quired when reinstating)	DATE
FIL	E NOW!!! FEE IS \$150.00				
After N	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		<ol> <li>Election Campaign Financ Trust Fund Contribution.</li> </ol>	sing \$5.00 May Be Added to Fees
10.	OFFICERS AND	<u>`</u>	11.	ADDITIONS/CHANGES TO OFFICE	DO AND DIRECTORS IN 11
птие Р		☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICE	
I *	IONTGOMERY, ROBERT L.	□ Delete	NAME		☐ Change ☐ Addition
	32 PARSONS RD		STREET ADDRESS		
CITY-ST-ZIP	ONGWOOD FL 32779		CITY-ST-ZIP		
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NAME		L Dointe	NAME		Change Addition
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CITY-ST-ZIP

SIGNATURE:

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.

407-869-6481