## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P92000003346** Apr 24, 2000 8:00 am Secretary of State VIDE CONSTRUCTION & DEVELOPMENT, INC. 04-24-2000 90821 001 \*\*\*450.00 Principal Place of Business Mailing Address 2277 LEE ROAD 2277 LEE ROAD SUITE 200-EAST SUITE #200-EAST WINTER PARK FL 32789 WINTER PARK FL 32789-7223 2. Principal Place of Business 3. Mailing Address 2300 Lee Road 2300 Lee Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3152803 <u>Winter Park, FL</u> Winter Park, Not Applicable Country Country \$8.75 Additional Zio 5. - Certificate of Status Desired Fee Required 32789 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DYE, RICK A Street Address (P.O. Box Number is Not Acceptable) 2277 LEE ROAD 2300\_Lee\_Road SUITE 200-EAST WINTER PARK FL 32789 Zip Code 32789 Winter Park 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 n X Change ☐ Addition TITLE Delete TITLE DYE, RICK A NAME NAME 2300 Lee Road STREET ADDRESS 2277 LEE ROAD, SUITE 200-EAST STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP Winter Park, FL 32789 Change X Addition ☐ Delete TITLE TITLE NAME NAME Kalin, B. Michael STREET ADDRESS STREET ADDRESS 2300 Lee Road CITY-ST-ZIE CITY-ST-ZIP Winter Park, FL 32789 Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Addition ☐ Defete TITLE TITLE NAME NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like-empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

407-644-0200

Date

Daytime Phone #