

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022582

1. Entity Name

VANGUARD QUALITY BUILDERS, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90035 040 ***150.00

Principal Place of Business

Mailing Address

THE VANGUARD GROUP
8737 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637
US

THE VANGUARD GROUP
8737 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637-6727
US

A0012511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

THE VANGUARD GROUP
9300 N. 16 ST.

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

4. FEI Number 59-3173369

Applied For
Not Applicable

Zip 33612 Country US

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOYER ROBERT J JR
THE VANGUARD GROUP
8737 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637

Name MOYER ROBERT J JR
Street Address (P.O. Box Number is Not Acceptable)
THE VANGUARD GROUP
9300 N. 16 ST.
City TAMPA FL Zip 33612

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MOYER, ROBERT J	
STREET ADDRESS	4737 TEMPLE TERRACE HIGHWAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOYER, JANET S	
STREET ADDRESS	8040 BULLARA DRIVE	
CITY-ST-ZIP	TAMPA FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9300 N. 16 ST.	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9300 N. 16 ST	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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		

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.

SIGNATURE: MOYER ROBERT J JR Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)