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

## DOCUMENT #

P93000058123

1. Entity Name

V-GER VENTURES, INC.



May 05, 2003 8:00 am & Secretary of State **FILED** 

05-05-2003 90259 011 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP						GOO WE THE	
Suria, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   Country   Zip   Country   S. Certificate of Status Desired   S. 8.75 Additional Registered Agent   S. Certificate of Status Desired   S. 8.75 Additional Registered Agent   S. Certificate of Status Desired   S. S. Cert	17 W CEDAR ST STE 2 PENSACOLA FL 32501			P.O. BOX 940 GULF BREEZE FL 32562			
City & State  Country  Sp. 14. FEI Number Sp. 9-1917081  Ner. Applicable Ner. Applicable Sp. 75 Additional Fee Addit		Place of Busin	ess	3. Mailing Address			
Sy-1917(00)	Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
E. Name and Address of Current Registered Agent  E. Name and Address of Current Registered Agent  F. Name and Address of New Registered Agent  F. Name and Address of New Registered Agent  F. Name and Address of New Registered Agent  From Royalded	City & State			City & State			59-191/061
BRANNEN, DAVID A 17 W CEDAR STREET STE 2 PENSACOLA FL 32501  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar wi	Zip Country			Zip Country			5 Certificate of Status Desired \$8.75 Additional
BRANNEN, DAVID A 17 W CEDAR STREET STE 2 PENSACOLA FL 32501  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar wi		6. Name	and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New Registered Agent
BRANNEN, DAVID A 17 W CEDAR STREET STE 2 PENSACOLA FL 32501  8. The above- named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE  TILE  BRANNEN, DAVID A 17 W CEDAR STREET STE 2 PENSACOLA FL 32501  TILE  MAKE  SIREET ADDRESS  OITY-ST-3P  TILE  MAKE  STREET ADDRESS  STREET ADDRESS  OITY-ST-3P  TILE  MAKE  STREET ADDRESS  STREET ADDRESS		<u> </u>				Name	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature types of printed name of registered agent and title it applicable.   OROTE Registered Agent to both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							ss (P.O. Box Number is Not Acceptable)
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature types of printed name of registered agent and title it applicable.   OROTE Registered Agent to both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	STF 2						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.    Signature   Filte Now!!! FEE IS \$150.00		)LA FL 3250	)1		Ci		FL Zip Code
SIGNATURE   Signature, typed or primetriame of registered agent and stee if agenticable   (NOTE: Registered Agent signature received where recreasing)   DATE							
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE NOW. CEDAR STREET STE 2 PENSACOLA FL 32501 Delate NAME STREET ADDRESS CITY-ST-ZIP  TITLE				r the purpose of changing its	register	ed office or registe	stered agent, or both, in the State of Florida. I am familiar with, and accept
After May 1, 2003 Fee will be \$550.00 May 86 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE   NAME   STREET ADDRESS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	SIGNATURE.	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTI	E: Registere	d Agent signature require	ulred when reinstating) DATE
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-S	After	May 1, 200	3 Fee will be \$550.00	State			
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-S	10		OFFICERS AND		11		ADDITIONS (CHANGES TO DESICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDR		n	OFFICERS AND		-	_	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADD	NAME STREET ADDRESS	BRANNEN 17 W CED	AR STREET STE 2	. L. Defete	NAM STRE	EET ADDRESS	L3 Change ∟ Adoliton
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAM STRI	eet address	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS			☐ Delete	TITLI NAM STRE	E EET ADORESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS			☐ Delete	TITLI NAM STRE	E E EET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAM STRE	E ET ADDRESS	☐ Change ☐ Addition
	NAME STREET ADDRESS			☐ Delete	NAM STRE	E ET ADDRESS	☐ Change ☐ Addition

12. Thereby 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:** 

