

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072025

1. Entity Name

V.P.D., INC.

l

Principal Place of Business

2950 SE OCEAN BLVD.
BLDG. 109 - UNIT 403
STUART FL 34996

Mailing Address

P. O. BOX 561
PORT SALERNO FL 34992

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-0453921

Applied For

Not Applicable

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

VALLERY, STAFFORD J
2950 SE OCEAN BLVD.
BLDG. 109 - UNIT 403
STUART FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **VALLERY, STAFFORD J**
CITY-ST-ZIP **2950 SE OCEAN BLVD., BLDG. 109 - UNIT 103**
STUART FL 34496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **VALLERY, GREGORY L**
CITY-ST-ZIP **120 EAST HERMOSA DR.**
SAN ANTONIO TX 78212

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90017 006 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Attachment
DH#P3000072055
DW74873

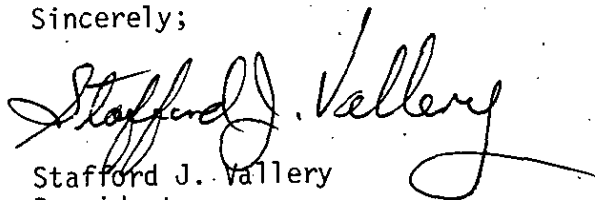
VFD
Product Design & Development
P.O. Box 561
Pt. Salerno, FL. 34992
Fax & Phone
(561) 287-4569

State of Florida
Division of Corporations
POB 1500
Tallahassee, FL. 32302-1500

Dear Sir:

I called your 488-9000 telephone number and Mr. Richard told me to write you a letter and explain I had not received the original Uniform Business Report Form. Mr. Richard suggested that I enclose a check for \$150 to cover the annual renewal fee.

Sincerely;



Stafford J. Vallery
President

enclosure