

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074102

1. Entity Name

VAST ACCEPTANCE, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90022 008 ***150.00

Principal Place of Business

7170 E. COLONIAL DR.
ORLANDO FL 32807-6310
US

Mailing Address

4401 WATERMILL AVE
ORLANDO FL 32817-1380

2. Principal Place of Business

4401- WATERMILL AVE.
Suite, Apt. #, etc.

3. Mailing Address

4401- WATERMILL AVE.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3209471

Applied For

Not Applicable

Zip

Country

32817 ORANGE

Zip

Country

32817 ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VASTOLA, DANIEL
4401 WATERMILL AVE
ORLANDO FL 32817-1380

7. Name and Address of New Registered Agent

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 \$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

TITLE NAME ☐ Delete
P VASTOLA, DANIEL
STREET ADDRESS 2675 RUNNING SPRINGS LOOP
CITY-ST-ZIP OVIEDO FL 32765

TITLE NAME ☐ Delete
VP VASTOLA, ROSEMARY
STREET ADDRESS 4401 WATERMILL AVE
CITY-ST-ZIP ORLANDO FL 32817

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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

DANIEL VASTOLA PRES

3-8-00

Date

(407) 671-7317

Daytime Phone #

CR2E034 (9/99)