2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008447

1. Entity Name

VERNON MANUFACTURING CORP.

Principal Place of Business	Mailing Address
2140 E. 25 ST. VERNON CA 90058	2140 E. 25 ST. VERNON CA 90058-1126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5320 Zelzah Ave
Suite, Apt. #, etc.
#216
City & State
Encino   CA
Zip 91316   Country USA

3. Mailing Address
5320 Zelzah Ave
Suite, Apt. #, etc.
#216
City & State
Encino   CA
Zip 91316   Country USA

4. FEI Number   95-4462413
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POLLER, NEALE J
1221 BRICKELL AVE.
25TH FLOOR
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **P** NAME **DUNN, JEFFREY** STREET ADDRESS **140 E 25TH ST** CITY-ST-ZIP **VERNON CA**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP *Dunn Jeffrey 5320 Zelzah Ave #216 Encino CA 91316*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____ Jeffrey Dunn   4/28/00   818-708-7479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #