

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

DOCUMENT # **P94000025743**

1. Entity Name

VAILLANCOURT & SON CORP.



FILED

03 AUG 28 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business

125 JANIS BLVD

Suite, Apt. #, etc.

3. Mailing Address

125 JANIS BLVD

Suite, Apt. #, etc.

City & State

HALLANDALE FL.

City & State

HALLANDALE FL

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

4. FEI Number

650452939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

MARC HAMEL

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

125 JANIS BLVD

City

HALLANDALE

FL

Zip Code

33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Aug 20/2003

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MARC HAMEL
125 JANIS BLVD.
HALLANDALE, FL. 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
SANDRA DUGUAY
117 DAVID DRIVE
HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK HAMEL

Date

08/20/03 954-964-3485

Daytime Phone #

CR2E034B (12/02)