

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

DOCUMENT #

P94000031868

1. Entity Name
VAC CUBES INC.



Principal Place of Business
40427 US HWY 19 N
TARPON SPRINGS FL 34689
US

Mailing Address
40427 US HWY 19 N
TARPON SPRINGS FL 34689

2. Principal Place of Business

536 E. TARPON AVE.
Suite, Apt. #, etc.
#5

3. Mailing Address

Suite, Apt. #, etc.

City & State

TARPON SPRINGS FL

Zip
34689

Country
USA

City & State

Zip

Country

4. FEI Number

36-3386514

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KROUPA, LARRY G
40427 US HWY 19
TARPON SPRINGS FL 34689

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

SIGNATURE

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

1-7-03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
KROUPA, LARRY G
40427 US HWY 19 N
TARPON SPRINGS FL 34689

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

536 E. TARPON AVE #5
TARPON SPRINGS FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
KROUPA, SUZANNE M.
40427 US HWY 19 N
TARPON SPRINGS FL 34689

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

536 E. TARPON AVE #5
TARPON SPRINGS FL 34689

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signture Required
Signature and Typed or Printed Name of Signing Officer or Director

1-7-03

727-944-3337

Daytime Phone #

**FILED
Jan 13, 2003 8:00 am
Secretary of State**

01-13-2003 90416 031 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)