

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043975

1. Entity Name

L.V. GROUP INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90388 006 ***150.00

Principal Place of Business
7880 N. UNIVERSITY DR., #201
TAMARAC FL 33321

Mailing Address
7880 N. UNIVERSITY DR., #201
TAMARAC FL 33321-2124

2. Principal Place of Business

JAN SAXTON YACHT DOCUMENTATION
P.O. BOX 13020 #216
1525 S. ANDREWS AVE.
City & State
FT LAUDERDALE FL

3. Mailing Address

JAN SAXTON YACHT DOC. INC.
Suite, Apt. #, etc.
1525 S. ANDREWS AVE #216
City & State
FT LAUDERDALE FL



DO NOT WRITE IN THIS SPACE

Zip
33316
Country
FLORIDA

Zip
33316
Country
FLORIDA

4. FEI Number 65-0509017

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAYKAN, ARIE A
7880 N. UNIVERSITY DR., #201
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
JAN SAXTON YACHT DOCUMENTATION INC
1525 S. ANDREWS AVE #216
City
FT LAUDERDALE FL Zip Code
33316

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 Sally A. Saxton SALLY A. SAXTON REGISTERED AGENT 4/28/00
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
STREET ADDRESS
CITY-ST-ZIP
P
SINGER, VIVENNE
20355 N.E. 34TH CT., P.H. 2721
AVENTURA FL 33180 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
TAYKAN, ARIE
7880 N. UNIVERSITY DR., #201
TAMARAC FL 33321 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PAUL L. WAGNER
153 NASON HILL RD.
SHERBORN, MA 01770 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MELANIE D. WAGNER
153 NASON HILL RD.
SHERBORN, MA 01770 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PAUL L. WAGNER
153 NASON HILL RD.
SHERBORN, MA 01770 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MELANIE D. WAGNER
153 NASON HILL RD.
SHERBORN, MA 01770 ☒ Change ☐ Addition

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

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

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

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

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: Paul L. Wagner PAUL L. WAGNER 4/28/00 508-653-3366
Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E034 (9/99)