## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P9400057576 VECTOR INVESTMENT CORPORATION 01-29-2001 90107 040 \*\*\*150.00 Principal Place of Business Mailing Address 526 CENTRAL AVENUE 526 CENTRAL AVENUE SUITE 200 SUITE 200 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3259634 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERETICK, KENNETH W Street Address (P.O. Box Number is Not Acceptable) 526 CENTRAL AVENUE SUITE 200 ST PETERSBURG FL 33701 Zip Code FL 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 Fiorida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE HERETICK, KENNETH W NAME NAME STREET ADDRESS 526 CENTRAL AVE., STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL ☐ Change Addition TITLE ☐ Delete TITLE NAME PARKER, JEFFREY NAME STREET ADDRESS STREET ADDRESS 526 CENTRAL AVE., STE 200 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL TITLE" Delete TITLE . Change Addition\_ NAME BURSIK, PETER D NAME STREET ADDRESS 526 CENTRAL AVE., STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS 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