2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000009870**

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

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

VIBBER, SALLY S

PO BOX 431 N/A

LADY LAKE FL 32158

VIBBER, STEVEN N

LADY LAKE FL 32158

VIBBER, WILLIAM J

LADY LAKE FL 32158

PO BOX 431 N/A

JANS, RICHARD C

PO BOX 1070 N/A

TAVARES FL 32778

PO BOX 431 N/A

(See criteria on back)

1. Entity Name

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

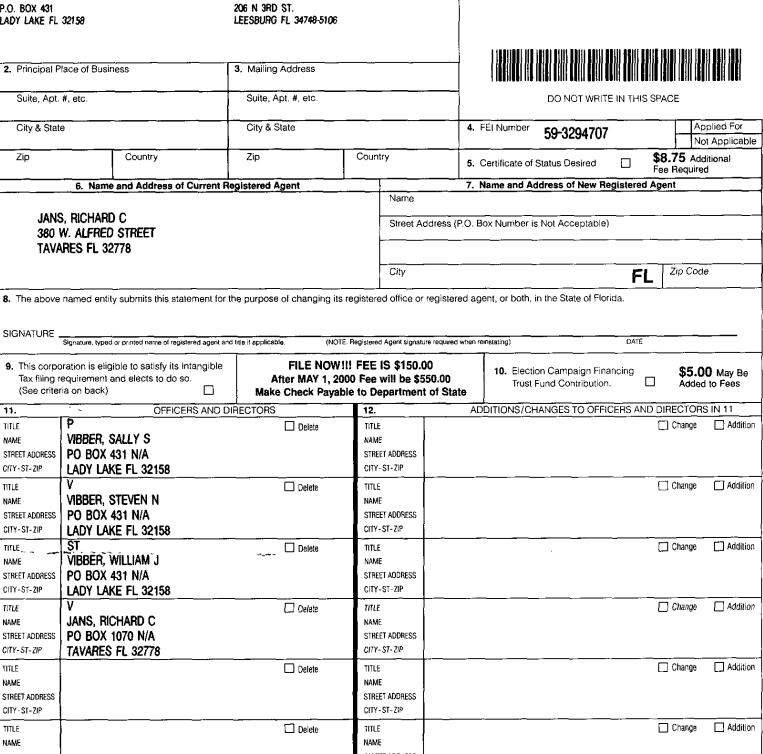
CITY-ST-ZIP

VIBBER VINYL, INC.

Principal Place of Business		Mailing Address			
P.O. BOX 431 LADY LAKE FL 32158		206 N 3RD ST. LEESBURG FL 34748-5106			
ncipal Place of	Business	3. Mailing Address			
a i i i i i i i i i i i i i i i i i i i		G. Maling Address		1 10071001 110 10781 011	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO
City & State		City & State		4. FEI Number 59-	
·	Country	Zip	Count	try	5. Certificate of Status
6. Name and Address of Current Registered Agent				·	7. Name and Address
				Name	
JANS, RICH 380 W. ALF TAVARES F	FRED STREET		Street Addre		ess (P.O. Box Number is Not A
				City	

FILED Mar 17, 2000 8:00 am **Secretary of State**

03-17-2000 90021 045 ***150.00



0012-01490

13. I hereby certify that the information supplied with this filling 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

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #