

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90194 045 \*\*\*550.00

UBR 0943

**DOCUMENT # P95000026116**

1. Entity Name  
**DAVID VANN'S HISTORIC AND ARCHITECTURAL WOOD WOR**

(LA)

Principal Place of Business  
**4471 COUNTRY RD  
 MELBOURNE FL 32934**

Mailing Address  
**4471 COUNTRY RD  
 MELBOURNE FL 32934**



2. Principal Place of Business **SAME**

3. Mailing Address **SAME**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MELBOURNE, FL.**

City & State  
**MELBOURNE, FL.**

Zip **32934**

4. FEI Number **59-3285965**

Applied For  
 Not Applicable

Country **USA**

Country

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

6. Name and Address of Current Registered Agent

**VANN, DAVID  
 4471 COUNTRY RD  
 MELBOURNE FL 32934**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<input type="checkbox"/> Delete
NAME	<b>D VANN, DAVID O</b>
STREET ADDRESS	<b>4471 COUNTRY RD</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D VANN, SANDRA P</b>
STREET ADDRESS	<b>4471 COUNTRY RD</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 of an attachment with an address, with all other like empowered.

SIGNATURE: **David O. Vann**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-01 821-259-4097  
 Date Daytime Phone #

CR2E034 (5/01)

To whom it may concern, <sup>Attachment</sup>

B0061356

# 95000026116

We deeply apologize for this late filing.  
Apparently, our accountant over-looked the  
paper work and we neglected to file on  
time.

Sincerely,

David O. Vann

DAVID VANN'S  
HISTORIC & ARCHITECTURAL  
WOODWORK, INC.

FEI # 59-3285965

July 25, 2001