

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90001 022 ***150.00

DOCUMENT # P95000033525

1. Entity Name

VTC TESTING CENTER OF ORLANDO NORTH, INC.

Principal Place of Business

1015 E SEMORAN BLVD
 STE 213
 CASSELBERRY FL 32707

Mailing Address

1015 E SEMORAN BLVD
 STE 213
 CASSELBERRY FL 32707

2. Principal Place of Business

6586 UNIVERSITY BLVD

3. Mailing Address

6586 UNIVERSITY BLVD

Suite, Apt. #, etc.

9

Suite, Apt. #, etc.

9

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

4. FEI Number

59-3311985

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LASCH, ANTHONY

1015 E SEMORAN BLVD
 STE 213
 CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

ANTHONY LASCH

Street Address (P.O. Box Number is Not Acceptable)

6586 UNIVERSITY BLVD

SUITE 9

City

WINTER PARK, FL

FL

Zip Code

32792

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

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 \$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 PST
 NAME LASCH, ANTHONY
 STREET ADDRESS 1015 E SEMORAN BLVD STE 213
 CITY-ST-ZIP CASSELBERRY FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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 PST
 NAME ANTHONY LASCH
 STREET ADDRESS 6586 UNIVERSITY BLVD STE 9
 CITY-ST-ZIP WINTER PARK, FL 32792 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ANTHONY LASCH

7/24/01 407-699-1101
 Date Daytime Phone #

CR2E034 (5/01)

Attachment # P95000033525
A0079778

To Whom It May Concern,

7/24/01

My name is Anthony Lasch, president of VTC Testing Centers of Orlando N., Inc.

I was told by one of your agents from a telephone conversation on July 24, 2001, that because I did not receive the 20-01 uniform business report in January 2001, I would not be charged a late fee. Please accept this payment with no further delay.

Sincerely,



Anthony Lasch, Pres.

Anthony Lasch, Pres.