

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90038 005 ***150.00

DOCUMENT # P95000073656

1. Entity Name
VICVAN, INC.

Principal Place of Business
9321 RUSTIC PINES BLVD.
SEMINOLE FL 33776

Mailing Address
9321 RUSTIC PINES BLVD.
SEMINOLE FL 33776

2. Principal Place of Business
10646 PARK PLACE DR
 Suite, Apt. #, etc.

3. Mailing Address
10646 PARK PLACE DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SEMINOLE FL
 Zip
33778
 Country
USA

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SEMINOLE FL
 Zip
33778
 Country
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4. FEI Number **59-3337016** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PURVEY, KENNETH G. H
9321 RUSTIC PINES BLVD.
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name **KENNETH G. H. PURVEY**
 Street Address (P.O. Box Number is Not Acceptable)
10646 PARK PLACE DR
 City **SEMINOLE** FL Zip Code **33778**

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 is not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-02

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, 2002 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 **D** ☐ Delete
 NAME **PURVEY, KENNETH G. H**
 STREET ADDRESS **10646 PARK PLACE DRIVE**
 CITY-ST-ZIP **SEMINOLE FL 33778**

TITLE **D** ☐ Delete
 NAME **PURVEY, VICKIE L**
 STREET ADDRESS **10646 PARK PLACE DRIVE**
 CITY-ST-ZIP **SEMINOLE FL 33778**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
 NAME **KENNETH G. H. PURVEY**
 STREET ADDRESS **10646 PARK PLACE DR**
 CITY-ST-ZIP **SEMINOLE FL 33778**

TITLE **D** ☐ Change ☐ Addition
 NAME **VICKIE L PURVEY**
 STREET ADDRESS **10646 PARK PLACE DR**
 CITY-ST-ZIP **SEMINOLE FL 33778**

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

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

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

TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 399-9127

3-22-02

CR2E034 (9/01)