

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075757

1. Entity Name

VERMEULEN INCORPORATED

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90131 024 ***150.00

Principal Place of Business

Mailing Address

5740 SPRING PARK RD
JACKSONVILLE FL 32-2216
US

5740 SPRING PARK RD
JACKSONVILLE FL 32216-5553
US

2. Principal Place of Business

2120 Corporate Sq

3. Mailing Address

2120 Corporate Sq

Suite, Apt. #, etc.

Blvd. Suit 17

Suite, Apt. #, etc.

Blvd. Suit 17

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

65-0614568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEERMEULEN, DAVID
11805 SOUTHWEST 48TH COURT
COOPER CITY FL 33330

Name

VERMEULEN David

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

169 South Beach Drive

City

St. Augustine

FL

Zip Code

32095

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete
NAME DAVID VERMEULEN
STREET ADDRESS 11805 SOUTHWEST 48TH CT.
CITY-ST-ZIP COOPER CITY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)