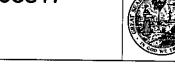
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P95000095817 **DOCUMENT #** 1. Entity Name



**FILED** Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90218 015 \*\*\*150.00

VANCE	CONSULTING, INC.			
506 COULTER RD 508		Mailing Address 506 COULTER RD BRANDON FL 33511		
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		-		
•		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3356458 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired Serviced Servic
	6. Name and Address of Current Re	gistered Agent		Fee Required 7. Name and Address of New Registered Agent
EACANINALLY TARRETAND IN IN			Name	,
MCANNALLY, WILLIAM H.IV. 420 W BRANDON BLVD			Street Addres	ss (P.O. Box Number is Not Acceptable)
SUITE 202				
BRANDON FL 33511			City	FL Zip Code
8. The above	anamed entity submits this statement for the tions of registered agent.	e purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		itte if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	VANCE, CLARENCE E 506 COULTER RD BRANDON FL 33511	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition

CITY-ST-ZIP 12. 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 redeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition