

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90020 043 ***150.00

80042908

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>P96000024248</u>			
1. Entity Name <u>V.O. inc.</u>			
Principal Place of Business <u>516 NE 8th Ave.</u> <u>Gainesville, Fl. 32601</u>		Mailing Address <u>516 NE 8th Ave</u> <u>Gainesville, Fl.</u>	
2. Principal Place of Business <u>516 NE 8th Ave</u> <u>Gainesville, Fl</u>		3. Mailing Address <u>516 NE 8th Ave</u> <u>Gainesville, Fl.</u>	
Suite, Apt. #, etc. <u>Gainesville, Fl</u>		Suite, Apt. #, etc. <u>Gainesville, Fl.</u>	
City & State <u>Gainesville, Fl</u>		City & State <u>Gainesville, Fl.</u>	
Zip <u>32601</u>	Country <u>USA</u>	Zip <u>32601</u>	Country <u>USA</u>
4. FEL Number <u>59-3394891</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <u>V.O. inc</u> <u>516 NE 8th Ave</u> <u>Gainesville, Fl. 32601</u>			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <u>FL</u> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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 <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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.	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>President / sole owner</u>	<input type="checkbox"/> Delete	TITLE <u>Change</u>	<input type="checkbox"/> Addition
NAME <u>Ron Rothberg</u>		NAME <u>Change</u>	<input type="checkbox"/> Addition
STREET ADDRESS <u>516 NE 8th Ave</u>		STREET ADDRESS <u>Change</u>	<input type="checkbox"/> Addition
CITY-ST-ZIP <u>Gainesville, Fl. 32601</u>		CITY-ST-ZIP <u>Change</u>	<input type="checkbox"/> Addition
TITLE <u>Change</u>	<input type="checkbox"/> Delete	TITLE <u>Change</u>	<input type="checkbox"/> Addition
NAME <u>Change</u>		NAME <u>Change</u>	<input type="checkbox"/> Addition
STREET ADDRESS <u>Change</u>		STREET ADDRESS <u>Change</u>	<input type="checkbox"/> Addition
CITY-ST-ZIP <u>Change</u>		CITY-ST-ZIP <u>Change</u>	<input type="checkbox"/> Addition
TITLE <u>Change</u>	<input type="checkbox"/> Delete	TITLE <u>Change</u>	<input type="checkbox"/> Addition
NAME <u>Change</u>		NAME <u>Change</u>	<input type="checkbox"/> Addition
STREET ADDRESS <u>Change</u>		STREET ADDRESS <u>Change</u>	<input type="checkbox"/> Addition
CITY-ST-ZIP <u>Change</u>		CITY-ST-ZIP <u>Change</u>	<input type="checkbox"/> Addition
TITLE <u>Change</u>	<input type="checkbox"/> Delete	TITLE <u>Change</u>	<input type="checkbox"/> Addition
NAME <u>Change</u>		NAME <u>Change</u>	<input type="checkbox"/> Addition
STREET ADDRESS <u>Change</u>		STREET ADDRESS <u>Change</u>	<input type="checkbox"/> Addition
CITY-ST-ZIP <u>Change</u>		CITY-ST-ZIP <u>Change</u>	<input type="checkbox"/> Addition

CR2E034 (9/99)

SIGNATURE: Ron Rothberg 3/13/00 352-348-6324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #