

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040854

1. Entity Name

V & B COMMUNICATIONS, INC.

LA

Principal Place of Business

1611 SOUTH S.R. 15A
SUITE 3
DELAND FL 32724

Mailing Address

1611 SOUTH S.R. 15A
SUITE 3
DELAND FL 32724

2. Principal Place of Business

336 N. Boundary Ave.
Suite, Apt. #, etc.

3. Mailing Address

336 N. Boundary Ave.
Suite, Apt. #, etc.

City & State

Deland, FL

City & State

Deland, FL

Zip
32720

Country

Volusia

Zip
32720

Country

Volusia

4. FEI Number

59-3453562

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, SCOTT
1549 ROCKWELL HEIGHTS DRIVE
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2001 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 PC
NAME JONES, SCOTT E
STREET ADDRESS 1549 ROCKWELL HEIGHTS DR
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

TITLE ST
NAME JONES, DAWN M
STREET ADDRESS 1549 ROCKWELL HEIGHTS DR
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

Dawn M. Jones

Dawn M. Jones

7-19-01

(386)736-4732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90010 011 ***550.00

00003440



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)