

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050870

1. Entity Name

THE VAULT GROUP II, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90001 027 ***150.00

Principal Place of Business

200 LAURA STREET
THIRD FLOOR
JACKSONVILLE FL 32202

Mailing Address

P.O. BOX 240
JACKSONVILLE FL 32201-0240

2. Principal Place of Business

6950 Philips Highway
Suite, Apt. #, etc.
Suite 6

City & State
Jacksonville Florida

Zip Country
32216 Duval

3. Mailing Address

6950 Philips Highway
Suite, Apt. #, etc.
Suite 6

City & State
Jacksonville Florida

Zip Country
32216 Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3403989

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, LAURA HENRY
1301 RIVERPLACE BLVD
STE 2552
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

6950 Philips Highway

Suite 6

City Jacksonville, FL

Zip Code 32216

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

Allen Henry

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

TITLE	VSD	<input type="checkbox"/> Delete
NAME	ALLEN, LAURA HENRY	
STREET ADDRESS	1301 RIVERPLACE BLVD STE 2552	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ALLEN, JOHN J	
STREET ADDRESS	1301 RIVERPLACE BLVD STE 2552	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, LAURA HENRY	
STREET ADDRESS	6950 Philips Highway Suite 6	
CITY-ST-ZIP	JACKSONVILLE, Florida 32216	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JOHN J	
STREET ADDRESS	6950 Philips Highway Suite 6	
CITY-ST-ZIP	JACKSONVILLE, Florida 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Allen Henry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

904-398-4112

Daytime Phone #

CR2E034 (9/99)