

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90087 024 ***150.00

DOCUMENT # P96000071352

1. Entity Name

VETTUS, INC.



A0026184

DO NOT WRITE IN THIS SPACE

Principal Place of Business
 ROYAL FOODS
 TAMPA FL 33512

Mailing Address
 3801. CLIFFDALE DR
 VALRICO FL
 33594

2. Principal Place of Business
 ROYAL FOODS
 Suite, Apt. #, etc.
 - 11002 N 30th St -

3. Mailing Address
 3801. CLIFFDALE
 Suite, Apt. #, etc.
 -

City & State
 TAMPA FL

City & State
 VALRICO FL

Zip
 33512

Country
 H/1/5/PA00

Zip
 33594

Country
 H/1/5/PA00

4. FEI Number
 59-3398146

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 THOMAS VETTUPARAPURATHU
 3801. CLIFFDALE DR
 VALRICO FL 33594

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 *Thomas V*

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: *Thomas V* 2/16/01 -813- 971-9742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)