

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010450

1. Entity Name

VOCAM S.E., INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90101 008 ***150.00

Principal Place of Business

7061 GRAND NATIONAL DRIVE
 150
 ORLANDO FL 32819
 US

Mailing Address

7061 GRAND NATIONAL DRIVE
 150
 ORLANDO FL 32819-8906
 US

2. Principal Place of Business

3. Mailing Address

7041 GRAND NATIONAL DR

7041 GRAND NATIONAL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 131

STE 131

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

Zip

32819

Country

4. FEI Number

59-3425493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALLETTO, VINCENT D
 3956 TOWN CENTER BLVD.
 STE 165
 ORLANDO FL 32819

Name

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

City

ORLANDO

FL

Zip Code

32837

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
 NAME BOYLE, HENRY F
 STREET ADDRESS 2485 RUNYON CIRCLE
 CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS
 NAME BOYLE, MARGARET
 STREET ADDRESS 2485 RUNYON CIR.
 CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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:

SIGNATURE: H.F. BOYLE

4/30/00

407/363-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)