

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060275

1. Entity Name

VICEON HOLDINGS INCORPORATED

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90078 014 ***150.00

Principal Place of Business

744 E BURGESS RD
STE C-103
PENSACOLA FL 32504
US

Mailing Address

PO BOX 15252
PENSACOLA FL 32514

2. Principal Place of Business

924 GONDOLIER BLVD

3. Mailing Address

924 GONDOLIER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GULF BREEZE FL

City & State

GULF BREEZE FL

4. FEI Number

59-3458088

Applied For

Not Applicable

Zip

32561

Country

SANTA ROSA

Zip

32561

Country

SANTA ROSA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYDEN, DANIEL F
924 GONDOLIER BLVD.
GULF BREEZE FL 32561

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
HAYDEN, DANIEL F
924 GONDOLIER BLVD
GULF BREEZE FL 32561 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
HAYDEN, RUTHANN R
924 GONDOLIER BLVD
GULF BREEZE FL 32561 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15

Date

889 932 9629

Daytime Phone #

CR2E034 (10/00)