

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**  
 02-26-2001 90520 029 \*\*\*150.00

**DOCUMENT # P97000088759**

1. Entity Name  
**VAC-ALERT INDUSTRIES, INC.**

Principal Place of Business  
**485 NORTHWEST 353 BLVD**  
**OKEECHOBEE FL 34972**

Mailing Address  
**485 NORTHWEST 353 BLVD**  
**OKEECHOBEE FL 34972**

2. Principal Place of Business  
**4505 Prosperity Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4505 Prosperity Dr.**  
 Suite, Apt. #, etc.

City & State  
**Ft. Pierce, FL**  
 Zip  
**34981**  
 Country  
**USA**

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**Ft. Pierce, FL**  
 Zip  
**34981**  
 Country  
**USA**

4. FEI Number **65-0788723** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**RUSCHELL, MARK**  
**485 NW 353 BLVD**  
**OKEECHOBEE FL 34972**

## 7. Name and Address of New Registered Agent

Name **MARV RUSCHELL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4505 Prosperity Drive**  
 City **Ft. Pierce** FL Zip Code **34981**

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 *Marv Ruschell*  
 Signature, typed or printed name of registered agent and title if applicable.

**2/19/01**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MULVEY, KEVIN 485 NORTHWEST 353 BLVD OKEECHOBEE FL 34972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUSCHELL, MARV 485 NORTHWEST 353 BLVD OKEECHOBEE FL 34972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULVEY, KEVIN 4505 Prosperity Drive Ft. Pierce, FL 34981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUSCHELL, MARV 4505 Prosperity Drive Ft. Pierce, FL 34981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marv Ruschell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)