

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0001788

DOCUMENT # P97000094181

1. Entity Name
VOVINAM, INC.

04-06-2001 90044 022 ***150.00

Principal Place of Business
563 BLANDING BLVD., STE. 102
ORANGE PARK FL 32073

Mailing Address
563 BLANDING BLVD., STE. 102
ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2359 BAGDAD AVE
Suite, Apt. #, etc.

3. Mailing Address
2359 BAGDAD AVE
Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FL

4. FEI Number **59-3475814**

Applied For
Not Applicable

Zip
32833

Country
U.S.A

Zip
32833

Country
U.S.A

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

PACETTI, W. SCOTT
563 BLANDING BLVD., STE. 102
ORANGE PARK FL 32073

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	D VU, TOM 440 SUMMIT DR ORANGE PARK FL 32073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LE, ANH THI 440 SUMMIT DR ORANGE PARK FL 32073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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	D VU, TOM 2359 BAGDAD AVE ORLANDO, FL 32833	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LE, ANH THI 2359 BAGDAD AVE ORLANDO, FL 32833	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: TOM VU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/4/2001 Daytime Phone #: 904-710-4900

CR2E034 (10/00)