

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90166 036 ***150.00

DOCUMENT # P97000100401

1. Corporation Name
VETTUS THREE, INC.



Principal Place of Business

~~200 30 PARSONS AVE~~
~~BRANDON FL 33511~~

Mailing Address

~~200 30 PARSONS AVE~~
~~BRANDON FL 33511~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1997

4. FEI Number

59-3478953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

3008 LITTLE ROAD

2a. Mailing Address

3008 LITTLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO FLORIDA

City & State

VALRICO FLORIDA

Zip

33594

Country

FLORIDA

Zip

33594

Country

FLORIDA

9. Name and Address of Current Registered Agent

~~PIERCE, M.W.~~
~~200 30 PARSONS AVE~~
~~BRANDON FL 33511~~

10. Name and Address of New Registered Agent

81 Name **VETTUPARAPURATHU CYRIAC M.**

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

83 **3008 LITTLE ROAD**

84 City **VALRICO**

FL

85 Zip Code
33594

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOT E: Registered Agent signature required when reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ DELETE

NAME **VETTUPARAPURATHU, CYRIAC M**

STREET ADDRESS **4012 FONTANA PLACE 3008 LITTLE ROAD**

CITY-STATE-ZIP **VALRICO FL 33594**

TITLE **D** ☒ DELETE

NAME **VETTUPARAPURATHU, CYRIAC M**

STREET ADDRESS **4012 FONTANA PLACE**

CITY-STATE-ZIP **VALRICO FL 33594**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **VETTUPARAPURATHU, CYRIAC M.**

1.3 STREET ADDRESS **3008 LITTLE ROAD**

1.4 CITY-STATE-ZIP **VALRICO FL 33594**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

4/22/99 (813) 662-0789

CR2E034 (1/98)