## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P97000106084 **DOCUMENT #**



**FILED** Mar 14, 2003 8:00 am Secretary of State

1. Entity Name VEE'S COUNTRY DAZE, INC.					03-14-2003 90052 008 ***150.00			
Principal Place of Business 6731 SOUTH FEDERAL HIGHWAY PORT ST. LUCIE FL 34952		Mailing Address 6731 SOUTH FEDERAL HIGHWAY PORT ST. LUCIE FL 34952			. (88) (80) (10) (81) (80) (80) (80)	<b>.</b>	( (B)))	
2. Principal:	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-			
City & State		City & State			4. FEI Number OF 0007000 Applied For			
					4. FEI Number 65-0807932	<b>⊢</b>	pplied For ot Applicable	_
Zip Country		Zip Count		5. Certificate of Status Desired		\$8.75 Ad Fee Require	75 Additional Required	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registere	d Agent		1
VOC VIV	MENI W			lame -	man and the state of the state			1
VOS, VIVIEN V 6731 SOUTH FEDERAL HIGHWAY			S	treet Address (P.	(P.O. Box Number is Not Acceptable)			1
PORT ST				137			1	
			C	ity	FL Zip Code			1
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered o	ffice or registered	d agent, or both, in the State of Florida. I a	m familiar with,	and accept	1
SIGNATURE	Signature, typed or printed name of registered agent ar	d tills if applicable (NOTE)	Docistored Ass				<del></del>	
	ILE NOW!!! FEE IS \$150.00	(NO)E.	negistered Age	ent signature required w	then reinstating) DATE			$\frac{1}{1}$
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o		State			<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		00 May Be d to Fees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	$\frac{1}{2}$
TITLE NAME	PSD VOS, VIVIEN V	☐ Delete	TITLE			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	6731 SOUTH FEDERAL HIGHWAY PORT ST. LUCIE FL 34952	,	STREET AD					
TITLE	FORT 31. LUCIE FL 34932	Delete	CITY-ST-Z	ar i		☐ Change	Addition	£
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CITY-ST-ZIP			STREET AD	ı				ĺ
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CITY-ST-ZIP	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CITY-ST-Z	1				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADD	DRESS				1

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

VIVIEN V. VOS