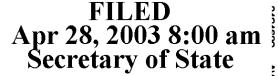
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000004880 DOCUMENT # 1. Entity Name



04-28-2003 90233 034 ***150.00

VVBM INVESTMENTS, INC.						,				
Principal Place of E	_	Mailing Address			Ī ·					
			455 N INDIAN ROCKS RD			•				
BELLEAIR BLUFFS F	-L 33770	BELLEAIP	BLUFFS FL 33770	0						
Principal Place of Business 3. Mailing Address						-				
10225 Ulmerton Rd.			10225 Ulmerton Rd.							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Suite 3D			Suite 3D							
City & State			City & State			4. FEI Number			Applied For	
Largo, FL		Large	Largo, FL			59-3495714		Not Applicable		
Zip	Country	Zip			гу	5. Certificate of Status Desired	\$8.75 Additional			
33771	USA		33771 USA			Fee Required				
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
	gar garaga .	e • • • • •		, .	Name	The second second			i	
ARSENAULT, KENNETH G JR			F	Street Address (P.O. Box Number is Not Acceptable)						
10225 ULMERTON RD, SUITE 2					· · · · · · · · · · · · · · · · · · ·					
LARGO FL 337	71- 🔭 👌									
			-	City . FL Zip Code						
	<u> </u>					·		_		
	ed entity submits this statement of registered agent.	for the purpose	e of changing its re	egistere	d office or register	red agent, or both, in the State of F	orida. I am	n familiar v	with, and accept	
	ed to a					•				
- SIGNATURE	ure, typed or printed name of registered age	ant and title if anytical	alo (NOTE)	Danietarad	Agent signature required	Luhan reinstating)	DATE			
Signati	ure, typed or printed name of registered agr	erik ario tilie ii applicat	ne. (NOTE:	ueāliste.60	valent signature reduited	o when remedially	DATE			
FILE	NOW!!! FEE IS \$150.00					O Floring Compaign F			F 00	

	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State				Trust Fund Contribution.		U May Be to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	STD	Delete	TITLE		7,110,10,0,10,110,20,10,0,110,20,10	Change	Addition		
NAME	BUCKLES, WILLIAM G	Dolete	NAME		<i>3</i> *	Aå.			
STREET ADDRESS	455 N INDIAN ROCKS RD		STREET ADDRESS	10225 t	Jlmerton Rd., #3D		}		
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770		CITY-ST-ZIP		FL 133771				
TITLE	P	☐ Delete	TITLE			Change	☐ Addition		
NAME	VELTMAN, GREG D		NAME		i.	, ,	{		
STREET ADDRESS	455 N INDIAN ROCKS RD		STREET ADDRESS	10225 τ	Jlmerton Rd., #3D		ĺ		
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770		CITY-ST-ZIP	l	FL : 33771	,			
TITLE	VP	☐ Delete	TITLE		(Change	☐ Addition		
NAME	VELTMAN, DAVID M.	المعالم المرابع ومعيية	NAME		هميه خيريا الومورية المنافي المنافي المرافي ليدارها				
	455 N INDIAN ROCKS RD		STREET ADDRESS	10225 t	Jlmerton Rd., #3D				
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770		CITY-ST-ZIP	Largo,	FL 33771				
TITLE	VP	Delete	TITLE			Change	☐ Addition		
	MOORE, MILES J		NAME			/`			
The state of the s	455 N INDIAN ROCKS RD		STREET ADDRESS	10225 t	Jlmerton Rd., #3D				
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770		CITY-ST-ZIP	Largo,	FL 33771				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition		
NAME			NAME				l		
STREET ADDRESS			STREET ADDRESS		•		ł		
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Delete	TITLE			Change	☐ Addition		
NAME			NAME				}		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

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 eath; 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.

SIGNATURE:

9. Election Campaign Financing

Daytime Phone #

\$5.00 May Be