

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010197

Entity Name

VERTEX DEVELOPMENT GROUP, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90063 026 ***150.00

Principal Place of Business

TRYON PL

FL 34786

Mailing Address

P.O. BOX 441

GOTHA FL 34734-0441

624625

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3497028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOCKE, SHANE D
2626 TRYON PL
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>LOCKE, SHANE D 2626 TRYON PL WINDERMERE FL 34786</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>Shane D. Locke 2626 Tryon Pl Windermere, FL 34786</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p>MANNARINO, FRANK A 2626 TRYON PL WINDERMERE FL 34786</p>	<p><input checked="" type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>VP Carl E. Locke, Jr. 2626 Tryon Pl Windermere, FL 34786</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p>VP MANNARINO, FRANK A 2626 TRYON PL WINDERMERE FL 34786</p>	<p><input checked="" type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>VP Robert Mannarino 2626 Tryon Pl Windermere, FL 34786</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p>P MROZCK, ADAM 2626 TRYON PL WINDERMERE FL 34786</p>	<p><input checked="" type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>S ADAM MROZEX 2626 Tryon Pl Windermere, FL 34786</p>	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shane D. Locke President 3/12/00 941559 89

Date

Daytime Phone #

CR2E034 (9/99)