

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017087

1. Entity Name

VECTOR DESIGN, INC.

Principal Place of Business

1813 EAGLES CREST DR
DAYTONA BEACH FL 32124
US

Mailing Address

1813 EAGLES CREST DR
DAYTONA BEACH FL 32124
US

2. Principal Place of Business

3. Mailing Address

22801 VENTURA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 105

City & State

City & State

WOODLAND HILLS, CA

Zip

Zip

91364

Country

USA

4. FEI Number

95-4697236

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOD, CHARLES D JR
444 SEABREEZE BOULEVARD
SUITE 900
DAYTONA BEACH FL 32118

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 D
NAME LATONA, JILL E
STREET ADDRESS 8177 HORSESHOE BEND
CITY-ST-ZIP LAS VEGAS NV 89113

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE D
NAME LATONA, VINCENT F
STREET ADDRESS 8177 HORSESHOE BEND
CITY-ST-ZIP LAS VEGAS NV 89113

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change

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CITY-ST-ZIP

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CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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 my address, with all other like empowered.

SIGNATURE:

VINCENT F. LATONA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90010 042 ***150.00



DO NOT WRITE IN THIS SPACE

000743

CR2E034 (10/00)