

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018272

1. Entity Name

VECCIA CONSULTING, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90045 007 ***150.00

Principal Place of Business

431 N.E. 10TH TERRACE
BOCA RATON FL 33431

Mailing Address

431 N.E. 10TH TERRACE
BOCA RATON FL 33432-2939

2. Principal Place of Business

1800 Lake Drive

Suite, Apt. #, etc.

3. Mailing Address

1800 Lake Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

Zip

33444

Country

USA

City & State

Delray Beach, FL

Zip

33444

Country

USA

4. FEI Number

65-0824678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VECCIA, JOSEPH W
431 N.E. 10TH TERRACE
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Joseph W. Veccia

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

1800 Lake Drive

City

Delray Beach

FL

Zip Code

33444

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, 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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS VECCIA, JOSEPH W
CITY-ST-ZIP 431 N.E. 10TH TERRACE 1800 Lake Drive
BOCA RATON FL 33431 Delray Bch, FL 33444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph W. Veccia 3/6/00 561.395.3950

Date

Daytime Phone #

CR2E034 (9/99)