

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029432

1. Entity Name
VENDIGATOR, INC.



FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90004 036 ***153.75

Principal Place of Business
6050 SANCTUARY GARDEN BLVD
PORT ORANGE FL 32124
US

Mailing Address
6050 SANCTUARY GARDEN BLVD
PORT ORANGE FL 32124
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3549735**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE TAX DOCTORS
C/O YVONNE BALDWIN
931 S RIDGEWOOD AVE #B-7
EDGEWATER FL 32132

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000. Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	SCD INTRIAGO, SHARON L 6050 SANCTUARY GARDEN BLVD PORT ORANGE FL 32124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INTRIAGO, SHARON L 605 SANCTUARY GARDEN BLVD PORT ORANGE FL 32124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rami F. Intriago 8/2/00 904-322-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment
Doc # 98000029432
DU 77410
08/02/2000

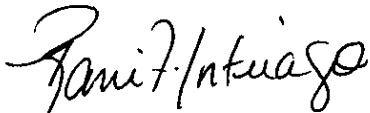
To Whom It May Concern:

I was very much surprised and taken aback by such a harsh "second notice". Unfortunately I was in between business trips and could not immediately respond with this letter. However, upon receipt of this notice, I immediately placed a phone call to your office, on my cell phone, prior to me leaving and was told to put in writing my concerns.

I did not receive any "first" notice from your department and frankly resent the fact that your department can randomly accuse a small business owner of not filling this form out and then charging them a horrendous fine with a "second" notice.

I am asking you to please accept this form at this time without a fine. We just recently became a corporation and are extremely sensitive to anything associated with this process. I can assure you that, as a small business owner there is no way I would have ignored a "first" notice and risk such a damaging fine.

Thank you in advance for your understanding.


Kami Intriago