

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037694

1. Entity Name
VAPOR ENGINEERING, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90141 011 ***150.00

Principal Place of Business
3340 MCLEMOE DRIVE
PENSACOLA FL 32514

Mailing Address
POST OFFICE BOX 15209
PENSACOLA FL 32514

C0042040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-2556272		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KALIS, EDWARD L 147 MIRABELLE CIRCLE PENSACOLA FL 32514		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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	KALIS, EDWARD	NAME	
STREET ADDRESS	147 MIRABELL CIR	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	CITY-ST-ZIP	
TITLE	STD	TITLE	STD
NAME	KALIS, PHYLLIS	NAME	Kalis, Phyllis
STREET ADDRESS	1407 E. CERVANTES ST	STREET ADDRESS	147 Mirabelle Cir
CITY-ST-ZIP	PENSACOLA FL 32502	CITY-ST-ZIP	Pensacola, FL 32514
No CHANGE TYPING ERROR			
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Edward L. Kalis 1/2/2001 850/434-3191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0034032

CR2E034 (10/00)