

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056455

1. Entity Name

VECTOR SALES & MARKETING GROUP, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90037 039 ***158.75

Principal Place of Business

5228 STATE ROAD 54
NEW PORT RICHEY FL 34652

Mailing Address

5228 STATE ROAD 54
NEW PORT RICHEY FL 34652-6049

2. Principal Place of Business

2330 Success Drive

Suite, Apt. #, etc.

3. Mailing Address

2330 Success Drive

Suite, Apt. #, etc.

City & State

Odessa, FL

City & State

Odessa, FL

Zip

33556

Country

USA

Zip

33556

Country

34653

4. FEI Number

59-3528811

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAX-A-MISER, INC.
6441 WOODLANE LANE
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

Tax-Ticians, Inc.

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

6441 Woodland Lane

City

New Port Richey

FL

Zip Code

34653

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

Kelly L. Drew
Signature, typed or printed name of registered agent and title if applicable

Kelly Drew Tax-Ticians, Inc.
(NOTE: Registered Agent signature required when reinstating)

4-30-00
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 PT ☐ Delete
NAME DENICOLA, JOHN
STREET ADDRESS 7725 ILEX DR
CITY-ST-ZIP NEW PT RICHEY FL 34668

TITLE SVP ☐ Delete
NAME GOLDSMITH, LYNNE
STREET ADDRESS 5201 LAGOS COURT
CITY-ST-ZIP NEW PT RICHEY FL 34655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
NAME
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TITLE ☐ Change ☐ Addition
NAME
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:

John Denicola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Denicola 4-30-00 (727) 817-0966

CR2E014 (3/9/01)