

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 27 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Entity Name

VTP, INC.

PS8000090970

Principal Place of Business

Mailing Address

PO BOX 350391
PALM COAST
FL 32135-0391

PO Box 350391
Palm Coast,
FL 32135-0391

2. Principal Place of Business

PO Box 350391

3. Mailing Address

PO Box 350391

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

4. FEI Number

59-3543584

Applied For

Not Applicable

Zip

32135-0391

Country

Flagler

Zip

32135-0391

Country

Flagler

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

Victor Paci, SR.
1 Wayland Place
Palm Coast
FL 32135-0391

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

4-30-02

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 President & Director ☐ Delete
NAME Victor Paci, SR.
STREET ADDRESS 1 Wayland Place
CITY - ST - ZIP Palm Coast, FL 32164

TITLE ☐ Change ☐ Addition
NAME 200006105662-06
STREET ADDRESS -06/28/02--01053--018
CITY - ST - ZIP ****900.00 ****900.00

TITLE Vice President ☐ Delete
NAME Victor Paci, Jr.
STREET ADDRESS 5 Lewisdale Place
CITY - ST - ZIP Palm Coast, FL 32137

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

TITLE Treasurer ☐ Delete
NAME Victor Paci, Sr.
STREET ADDRESS 1 Wayland Place
CITY - ST - ZIP Palm Coast, FL 32164

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

4-30-02

386-445-9407