

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097617

1. Entity Name
VANGUARD VINYL COATINGS, INC.

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

05-22-2000 90036 029 ***158.75

Principal Place of Business

Mailing Address

1747 PENZANCE PARKWAY
MIDDLEBURG FL 32068

1747 PENZANCE PARKWAY
MIDDLEBURG FL 32068-3930

2. Principal Place of Business

3. Mailing Address

2175 Kingsley Ave

2175 Kingsley Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#308

#308

City & State

City & State

Orange Pk, FL

Orange Pk, FL

Zip

Country

Zip

Country

32073

USA

32073

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENSEN, ROY L
1747 PENZANCE PARKWAY
MIDDLEBURG FL 32068

Name

Jensen, ROY L.

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

3295 C.R. 215

City

Middleburg, FL

FL

Zip Code

32068

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JENSEN, ROY L
1747 PENZANCE PARKWAY
MIDDLEBURG FL 32068

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3295 C.R. 215
Middleburg, FL 32068

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPIEGLE, MELISSA
4101 SADDLEHORN TERRACE
MIDDLEBURG FL 32068

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4101 Saddlehorn Trail

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)