

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001816

1. Entity Name

VECTOR GIFTS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90040 021 ***150.00

Principal Place of Business

Mailing Address

~~SANDCASTLE II CONDOMINIUMS UNIT #1503~~
~~MARCO ISLAND FL 34145~~

~~SANDCASTLE II CONDOMINIUMS UNIT #1503~~
~~MARCO ISLAND FL 34145~~

2. Principal Place of Business

2915 COLLIER BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

City & State

MARCO ISLAND FL

City & State

Zip

Country

34145

COLLIER

Zip

Country

4. FEI Number

59-3550290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MATHURIN, VICTOR E

~~5356 GRAND CYPRESS CIR UNIT #20T~~
~~NAPLES FL 34109~~

Name

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

3335 TIMBERWOOD CR

City

NAPLES

FL

Zip Code

34105

7. Name and Address of New Registered Agent

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

Victor E. Mathurin

VICTOR E. MATHURIN CPA

4-20-00

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	VIVIAN ELLIS	
STREET ADDRESS	720 S COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

VICTOR E. MATHURIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00

Date

Daytime Phone #

CR2E034 19/99