

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P 99000002213

1. Entity Name

VU AND SONS, INC.

Principal Place of Business

Mailing Address

1020 East Colonial Dr.
Orlando FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3550553

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

7. Name and Address of New Registered Agent

JOSEPH QUY VU
1020 EAST COLONIAL DR
ORLANDO FL 32803

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

Joseph Quy Vu

04/11/2000

Signature, typed or printed name of registered agent if not 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	DELETE	<input type="checkbox"/>
NAME	JOSEPH QUY VU	
STREET ADDRESS	1020 EAST COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	DELETE	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DELETE	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DELETE	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DELETE	<input type="checkbox"/>
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHANGE	ADDITION
NAME		
STREET ADDRESS		
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

Joseph Quy Vu

04/11/2000 407-648-2783

DATE

Daytime Phone #

CR2E034 (9/99)