

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014782

1. Entity Name
VTO DESIGNS, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90027 015 ***150.00

Principal Place of Business
1068 S. MILITARY TRAIL
APT 204
DEERFIELD BEACH FL 33442

Mailing Address
1068 S. MILITARY TRAIL
APT 204
DEERFIELD BEACH FL 33060-8788

2. Principal Place of Business
1170 SW 3RD TER
Suite, Apt. #, etc.

3. Mailing Address
1170 SW 3RD TER
Suite, Apt. #, etc.

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

Zip
33060

Country
BROWARD

Zip
33060

Country
BROWARD

4. FEI Number
65-0894509

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ODENBRETT, VAUGHN
1068 S. MILITARY TRAIL
APT 204
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
Name
ODENBRETT VAUGHN
Street Address (P.O. Box Number is Not Acceptable)
1170 SW 3RD TER
City
POMPANO BEACH FL Zip Code
33060

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 VAUGHN T ODENBRETT VAUGHN T Odenbrett 3/20/2000
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 ODENBRETT, VAUGHN 1068 S. MILITARY TRAIL DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ODENBRETT, VAUGHN 1170 SW 3RD TER POMPANO BEACH FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: VAUGHN T ODENBRETT VAUGHN T Odenbrett 4/15/2000 857-16356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)