

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90040 019 ***158.75

DOCUMENT # P99000016058

1. Entity Name
VELOCITY ENTERPRISES, INC.

Principal Place of Business
**2636 SOUTH PENINSULA DRIVE
DAYTONA BEACH FL 32118**

Mailing Address
**P.O. BOX 291718
PORT ORANGE FL 32129**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3744 Sunrise Oaks Dr.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Port Orange, FL

City & State

4. FEI Number
59-3634672

Applied For
Not Applicable

Zip
32129

Country
USA

Zip

Country

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

**KRENN, BECKY L
2636 SOUTH PENINSULA DRIVE
DAYTONA BEACH FL 32118**

Name

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

3744 Sunrise Oaks Dr.

City

Port Orange

FL

Zip Code

32129

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 *Becky L. Krenn Pres*

*Becky L. Krenn
President*

2/13/02

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, 2002 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	P			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	KRENN, BECKY L	2636 SOUTH PENINSULA DRIVE	DAYTONA BEACH FL 32118							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Becky L. Krenn Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Becky L. Krenn
President*

Date

Daytime Phone #

386-304-0191

CR2E034 (9/01)