

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000026415*

1. Entity Name

VROOM VROOM, INC. ✓

Principal Place of Business

1100 N. FLORIDA MANGO ROAD
WEST PALM BEACH, FL. 33409

Mailing Address

SAME

2. Principal Place of Business

1100 N. FLORIDA MANGO

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM B, FL.

City & State

WEST PALM BCH. FL.

4. FEI Number

65-0921710

Applied For

Not Applicable

Zip

33409

Country

P.B.

Zip

33409

Country

P.B.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM D. AIKEN C.P.A.
2511 PARK STREET
LAKE WORTH, FL. 33460

7. Name and Address of New Registered Agent

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

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 ☐ Delete
NAME: ROBERT HENRY
STREET ADDRESS: 2461 VILLAGE BLVD SUITE 403
CITY-ST-ZIP: WEST PALM BEACH, FL. 33409

TITLE: VICE PRESIDENT ☐ Delete
NAME: RICK ODLE
STREET ADDRESS: 5336 2ND ROAD
CITY-ST-ZIP: LAKE WORTH, FL. 33467

TITLE: SECRETARY ☐ Delete
NAME: GARY ODLE
STREET ADDRESS: 14900 STIRRUP LANE
CITY-ST-ZIP: WEST PALM BEACH, FL. 33414

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
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)(b) 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

Signature Title

CR2E034 (9/99)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90012 039 ***550.00

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DO NOT WRITE IN THIS SPACE