

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041469

1. Entity Name

VMS BUILDERS, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90017 016 ***550.00

Principal Place of Business

625 MAIN ST. SUITE 113
WINDERMERE FL 34786

Mailing Address

625 MAIN ST. SUITE 113
WINDERMERE FL 34786

2. Principal Place of Business

530 SOUTH MAIN STREET

Suite, Apt. #, etc.

3. Mailing Address

530 SOUTH MAIN STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER GARDEN FL

City & State

WINTER GARDEN FL

4. FEI Number

59-3575980

Applied For

Not Applicable

Zip

34787

Country

ORANGE

Zip

34787

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELISLE, STEVEN A.
625 MAIN STREET, SUITE 117
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

STEVEN A. DELISLE

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

530 SOUTH MAIN STREET

City

WINTER GARDEN FL

Zip Code

34787

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

STEVEN A. DELISLE PRESIDENT 7-14-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	DELISLE, STEVEN A	
STREET ADDRESS	625 MAIN ST, SUITE 113	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELISLE, STEVEN A	
STREET ADDRESS	530 SOUTH MAIN STREET	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN A. DELISLE PRESIDENT 7-14-00 407-909-0051

Date

Daytime Phone #

CR2E034 (5/00)