

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045611

1. Entity Name

VANGUARD MARKETING GROUP, INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90108 024 ***150.00

Principal Place of Business

2620 JENNIFER HOPE
LONGWOOD FL 32779

Mailing Address

2620 JENNIFER HOPE
LONGWOOD FL 32779-4722

2. Principal Place of Business

3. Mailing Address

8107 MONTZ COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

Country

32825

USA

4. FEI Number

593580953

Applied For

Not Applicable

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

WELKER, SCOTT
2620 JENNIFER HOPE
LONGWOOD FL 32779

8107 MONTZ COURT
ORLANDO FL 32825

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME WELKER, SCOTT
STREET ADDRESS 2620 JENNIFER HOPE
CITY-ST-ZIP LONGWOOD FL 32779

☐ Delete

8107 MONTZ CT
ORLANDO FL 32825

TITLE VP
NAME ROB KLOTZBACH
STREET ADDRESS 804 21ST AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME ROB KLOTZBACH V/D
STREET ADDRESS 804 21ST AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

☐ Change ☐ Addition

TITLE
NAME JOE SHIELD V/S
STREET ADDRESS 237 44TH AVE
CITY-ST-ZIP ST PETERSBURG BEACH, FL 33706

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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)(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

Date

Daytime Phone #

CR2E034 (9/99)