

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91153 030 ***150.00

DOCUMENT # P99000053523

1. Entity Name

VIP CONSTRUCTION CONSULTANTS, INC.

Principal Place of Business

**2803 SUMMIT ST
FORT PIERCE FL 34982**

Mailing Address

**2803 SUMMIT ST
FORT PIERCE FL 34982**

2. Principal Place of Business

8840 Lonesome Pine Trail - 8840 Lonesome Pine

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

Zip

34982

Country

ST. LUCIE

Zip

34982

Country

ST. LUCIE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIFRANCESCO, MICHAEL
2803 SUMMIT ST
FORT PIERCE FL 34982**

Name

DIFRANCESCO, MICHAEL

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

8840 Lonesome Pine Trail

City

Ft. Pierce

FL

34982

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. ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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 **D** ☐ Delete
NAME **DIFRANCESCO, MICHAEL**
STREET ADDRESS **2803 SUMMIT ST**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **S** ☐ Delete
NAME **COWDELL, WILLIS H**
STREET ADDRESS **163 SE OSPREY RIDGE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **DIFRANCESCO, MICHAEL**
STREET ADDRESS **8840 LONESOME PINE TR.**
CITY-ST-ZIP **Ft. Pierce, FL 34982** **Change Address!**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Will Cowden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

(561)201-7551

Daytime Phone #

CR2E034 (10/00)