

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90089 047 \*\*\*150.00

**DOCUMENT # P99000066599**

**1. Entity Name**  
**P & D VANCE ENTERPRISES, INC.**

**Principal Place of Business**

~~2404 TOMMY'S TURN~~  
~~OWIEDO FL 32766~~

**Mailing Address**

~~2404 TOMMY'S TURN~~  
~~OWIEDO FL 32766~~

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

10305 Greenfield Rd

Suite, Apt. #, etc.

P.O. Box 25452

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33626

Country

USA

Zip

33622

Country

USA



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

59-3586854

**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**

VANCE, PHILIP K

~~2404 TOMMY'S TURN~~

~~OWIEDO FL 32766~~

**Name**

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

37335 Church Street

**City**

DADE City

**FL**

**Zip Code**

33525

**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**

Phillip K Vance

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

9-12-02

**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** D ☐ Delete  
**NAME** VANCE, PHILLIP  
**STREET ADDRESS** ~~2404 TOMMY'S TURN~~  
**CITY-ST-ZIP** ~~OWIEDO FL 32766~~

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 37335 Church Street  
**CITY-ST-ZIP** DADE City, FL 33525

**TITLE** D ☐ Delete  
**NAME** VANCE, MCDONNA  
**STREET ADDRESS** ~~2404 TOMMY'S TURN~~  
**CITY-ST-ZIP** ~~OWIEDO FL 32766~~

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 37335 Church Street  
**CITY-ST-ZIP** DADE City, FL 33525

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**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

9-12-02

Date

(813) 926-3273

Daytime Phone #

CR2E034 (9/01)

ATTACHMENT

9-12-02

P990000066599

TO WHOM IT MAY CONCERN -

BECAUSE OF THE CHANGE OF ADDRESS, MY  
FORM DID NOT GET TO ME IN TIME  
TO FILE BY MAY 1. PLEASE WAIVE  
THE PENALTY.

THANK YOU,

Phillip K. Danner