

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90084 004 ***150.00

DOCUMENT # P99000067245

1. Entity Name
VPS PROPERTIES, INC.

Principal Place of Business
**34931 US 19 N., SUITE 207
PALM HARBOR FL 34684**

Mailing Address
**34931 US 19 N., SUITE 207
PALM HARBOR FL 34684**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3607 Alternate 19

3. Mailing Address
3607 Alternate 19

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Palm Harbor

City & State
Palm Harbor

4. FEI Number
59-3590101

Applied For
Not Applicable

Zip
34683 Country
Pinellas

Zip
34683 Country
Pinellas

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

**VOELLER, WILLIAM
34931 US 19 N., SUITE 207
PALM HARBOR FL 34684**

Name
Street Address (P.O. Box Number is Not Acceptable)
3607 Alternate 19, Suite A
City **Palm Harbor** FL Zip Code **34683**

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

2/14/02

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 **P** ☐ Delete
NAME **VOELLER, WILLIAM J**
STREET ADDRESS **34931 US 19 N STE 207**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **President** ☒ Change ☐ Addition
NAME **William J. Voeller**
STREET ADDRESS **3607 Alternate 19, Suite A**
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **ST** ☐ Delete
NAME **STEVENS, SCOTT**
STREET ADDRESS **PO BOX 1054**
CITY-ST-ZIP **CRYSTAL BEACH FL 34681**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/02 727-785-9198

CR2E034 (9/01)