

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90098 031 ***150.00

DOCUMENT # P99000096822

1. Entity Name

VMG TECHNOLOGIES, INC.



Principal Place of Business
**11300 4TH STREET NORTH #200
ST. PETERSBURG FL 33716**

Mailing Address
**11300 4TH STREET NORTH #200
ST. PETERSBURG FL 33716**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3606464**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEMING, LINDA L ESQ.
401 EAST JACKSON STREET
SUITE 2500
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete
NAME **D M. STEVEN SEMBLER**
STREET ADDRESS **11300 4TH STREET NORTH #200**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

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

☐ Delete
TITLE **PD**
NAME **JOHNSON, DARIAN**
STREET ADDRESS **11300 4TH STREET NORTH #200**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

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

☐ Delete
TITLE **VPD**
NAME **RUPPEL, CHRIS**
STREET ADDRESS **11300 4TH STREET NORTH #200**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

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

☐ Delete
TITLE **VPB**
NAME **COHEN, ANDREW**
STREET ADDRESS **11300 4TH STREET NORTH #200**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE **VPD**
NAME **Brian Slowik**
STREET ADDRESS **11300 4th St. N., Ste 200**
CITY-ST-ZIP **St. Petersburg, FL 33716**

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Darian Johnson
Darian Johnson, President

Date

Daytime Phone #

4/11/03 (727) 577-5522

CR2E034 (10/02)