

2000 UNIFORM BUSINESS REPORT (UBR)

5/10/

FILED

Jul 07, 2000 8:00 am
Secretary of State

05-10-2000 90086 048 ***150.00

DOCUMENT # P99000108130

1. Entity Name

V. B. CAT, INC.

Principal Place of Business

115 SANDY LN
SANTA ROSA BEACH FL 32459

Mailing Address

115 SANDY LN
SANTA ROSA BEACH FL 32459

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

59-3653971

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELCHER, VAN E SR.
115 SANDY LN
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name Lilli D. Belcher
Street Address (P.O. Box Number is Not Acceptable)
115 Sandy Lane
City Santa Rosa Beach FL Zip Code 32459

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 Lilli D. Belcher

Lilli D. Belcher

6/24/00

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 President
NAME Van E. Belcher
STREET ADDRESS 115 Sandy Lane
CITY-ST-ZIP Santa Rosa Beach FL 32459 ☐ Delete

TITLE President
NAME Lilli D. Belcher
STREET ADDRESS 115 Sandy Lane
CITY-ST-ZIP Santa Rosa Beach FL 32459 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: Lilli D. Belcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/00

Date

850/231-4657

Daytime Phone #

Lilli D. Belcher