

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90021 050 ***550.00

DOCUMENT # P99000109139

1. Entity Name
VDAC CORPORATION ✓

Principal Place of Business Mailing Address
 3773 DOMESTIC AVE. 3773 DOMESTIC AVE.
 NAPLES FL 34104 NAPLES FL 34104

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 Applied For
59-3614284 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PITKIN, JERALD R ESQ
4947 TAMIAMI TR. N., STE. 202
NAPLES FL 34103

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	VAN DUYN, WILLIAM		
1430 JEWEL BOX AVE.	1430 JEWEL BOX AVE.		
NAPLES FL 34109	NAPLES FL 34109		
TD	APEL, GREG		
1827 BROWN DEER COVE	1827 BROWN DEER COVE		
CORALVILLE IA 52241	CORALVILLE IA 52241		
SD	CHASE, CARL		
9733 LITCHFIELD LN.	9733 LITCHFIELD LN.		
NAPLES FL 34109	NAPLES FL 34109		

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: *William Van Duyn* **SIGNATURE REQUIRED** **7-5-00** 941-261-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)