

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90035 002 ***150.00

DOCUMENT # S43051

1. Entity Name

VANTAGE POINT INTERNATIONAL, INC.

Principal Place of Business

860 US HIGHWAY ONE

203B

N PALM BEACH FL 33408

Mailing Address

860 US HIGHWAY ONE

203B

N PALM BEACH FL 33408

2. Principal Place of Business

VANTAGE POINT Internat

3. Mailing Address

127 Edwards Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Shores

City & State

FL

Zip

33404

Country

Zip

Country

4. FEI Number

65-0256833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEISER, GARY C.

159 E 29TH CT

RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

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

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, 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

TITLE **P**
NAME **HEISER, GARY C.**
STREET ADDRESS **127 Edwards Lane**
CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **Gary C. Heiser**
STREET ADDRESS **127 Edwards Lane**
CITY-ST-ZIP **Riviera Beach FL 33404**
Palm Beach Shores, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

GARY C. HEISER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/01

Date

Daytime Phone #

CR2E034 (9/01)