## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NA

## **FILED DOCUMENT # \$90380** Apr 21, 2000 8:00 am Secretary of State VBTS, INC. 04-21-2000 90017 043 \*\*\*150.00 Principal Place of Business Mailing Address 4456 EL MAR DRIVE 4456 EL MAR DRIVE S200 S200 LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA FL 33308-3606 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0292322 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRIEDT, THEORDORE K Street Address (P.O. Box Number is Not Acceptable) 4456 EL MAR DRIVE **STE 200** LAUDERDALE-BY-THE-SEA FL 33308 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DVS - --- - Change Addition TITLE ☐ Delete TITLE NAME FRIEDT, GLENN H., JR. NAME 4456 EL MAR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAUDERDALE-BY-TH-SEA FL Change ☐ Addition TITLE ☐ Delete TITLE NAME FRIEDT, THEODORE K. NAME STREET ADDRESS 4456 EL MAR DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chande ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

o-Theordore K Friedt, 4/14