

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V34736

1. Entity Name

VECTOR, INC.

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

04-13-2000 90035 046 ***158.75

Principal Place of Business

Mailing Address

1500 CORPORATE CENTER WAY
SUITE 202
WELLINGTON FL 33414
US

13860-12 WELLINGTON TRACE
STE. 500
WELLINGTON FL 33414
US

2. Principal Place of Business

3. Mailing Address

5537 N.W. 90th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sunrise, FL

Zip 33351

Country USA

Zip

Country

4. FEI Number

65-0340255

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAFFE, ARTHUR CPA PA
3900 HOLLYWOOD BLVD
SUITE 302
HOLLYWOOD FL 33021

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, 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 NAME STREET ADDRESS CITY-ST-ZIP
PTD DECKER, DENNIS 15200 MEADOWWOOD DR WELLINGTON FL 33414 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PTD Decker, Dennis 2049 Polo Gardens Dr. #107 Wellington, FL 33414 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

4/11/2000 (561) 753 6500

CR2E034 (9/99)