

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V61286

1. Entity Name

VP MACHINERY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90004 005 ***150.00

Principal Place of Business

Mailing Address

134 COASTLINE RD
STE 116
SANFORD FL 32771
US

P O BOX 916400
LONGWOOD FL 32791-6400
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

148 MARITIME DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

4. FEI Number

59-3176596

Applied For

Not Applied

Zip

32771

Country

SEMINOLE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLOURDE, VON A
466 SABAL TRL CIR
SUITE 102
LONGWOOD FL 32779

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, 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

TITLE P ☐ Delete
NAME PLOURDE, VON A.
STREET ADDRESS 466 SABAL TRAIL CIRCLE
CITY-ST-ZIP LONGWOOD FL

TITLE S ☐ Delete
NAME SMITH, LANCE
STREET ADDRESS 2781 S.R. 434
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Von A. Plourde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Von A. Plourde Pres 1/07/00 407-302-0000