

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-14-2001 90225 039 ***150.00

DOCUMENT # V72426

1. Entity Name

VANEUGENE CORPORATION

Principal Place of Business

1430 GLEN HAVEN DR.
MERRITT ISLAND FL 32952

Mailing Address

1430 GLEN HAVEN DR.
MERRITT ISLAND FL 32952

2. Principal Place of Business

410 Indian Bay Blvd

3. Mailing Address

410 Indian Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Merritt Island, FL

4. FEI Number

59-3150536

Applied For

Not Applicable

Zip

32953

Country

USA

Zip

32953

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B.
505 N. ORLANDO AVE.
COCOA BEACH FL 32932

7. Name and Address of New Registered Agent

Name

Jeff Berrey

Street Address (P.O. Box Number is Not Acceptable)

410 Indian Bay Blvd

City

Merritt Island FL

Zip Code
32953

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

Jeff Berrey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-01

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, 2001 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
NAME **PO BERREY, JEFF** ☐ Delete
STREET ADDRESS **410 INDIAN BAY BLVD**
CITY-ST-ZIP **MERRITT ISLAND FL 32953-7814**

TITLE
NAME **STD BERREY, ANNA** ☐ Delete
STREET ADDRESS **410 INDIAN BAY BLVD**
CITY-ST-ZIP **MERRITT ISLAND FL 32953-7814**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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)(f), 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:

Jeff Berrey

Signature and typed or printed name of signing officer or director

6-11-01

Date

321 720 3000

Daytime Phone #

CR2E034 (10/00)