

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

**2001 UNIFORM BUSINESS REPORT (UBR)**

05-11-2001 90130 003 \*\*\*150.00

<b>DOCUMENT #</b> P 97000050377			
<b>1. Entity Name</b> V.C.S., Inc			
<b>Principal Place of Business</b> 2901 W. ORLAND BLVD #38 FT LAUD, FLA 33311		<b>Mailing Address</b> 2419 E. Commercial Blvd #100 FT LAUD, FLA 33308	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 65-6759912		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
BLODIE, Gregory J. - ESQ 100 W Cypress CR Rd #700 FT LAUD, FLA 33308		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
PD LAMBERT DOWRY 2419 E Commercial Blvd #100 FT LAUD, FLA 33308		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Perrillo JAMES 2419 E Commercial Blvd #100 FT LAUD, FLA 33308		OFFICER HEYDEN Christina 2419 E Commercial Blvd #100 FT LAUD, FLA 33308	
<b>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 in an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> Christina Heyden Christina Heyden 4/25/01			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (11/00)