

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90047 011 ***150.00

02-00826

DOCUMENT # 686660**1. Entity Name**
VBS CORPORATION**Principal Place of Business**
% W MICHAEL BRINKLEY
200 E LAS OLAS BLVD. STE 1800
FORT LAUDERDALE FL 33301
US**Mailing Address**
% W MICHAEL BRINKLEY
200 E. LAS OLAS BLVD. STE 1800
FORT LAUDERDALE FL 33301**2. Principal Place of Business****3. Mailing Address****Suite, Apt. #, etc.**
Suite 1900**Suite, Apt. #, etc.**
Suite 1900**City & State****City & State****Zip****Country****Zip****Country****4. FEI Number** **NOT APPLICABLE****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****BRINKLEY, W MICHAEL**
200 E. LAS OLAS BLVD
SUITE 1800
FORT LAUDERDALE FL 33301**Name****W. Michael Brinkley****Street Address (P.O. Box Number is Not Acceptable)****200 E. Las Olas Boulevard, Suite 1900****City****Fort Lauderdale****FL****Zip Code**
33301**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****W. Michael Brinkley**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **DP** ☐ **Delete**
NAME **BRINKLEY, W MICHAEL**
STREET ADDRESS **200 E. LAS OLAS BV.#1800**
CITY-ST-ZIP **FT. LAUDERDALE FL****TITLE** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **200 E. Las Olas Boulevard, #1900**
CITY-ST-ZIP**TITLE** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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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 changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:****W. Michael Brinkley, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**April , 2001**Date**954-522-2200**Daytime Phone #

CR2E034 (10/00)