

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002224

1. Entity Name

VIRTUAL SOUND & MOTION, INC.

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

04-13-2000 90102 015 ***150.00

Principal Place of Business

Mailing Address

950 N COLLIER BLVD., SUITE 208
MARCO ISLAND FL 34145

950 N COLLIER BLVD., SUITE 208
MARCO ISLAND FL 34145-5425

2. Principal Place of Business

992 Winterberry Drive

3. Mailing Address

992 Winterberry Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Marco Island FL

City & State

Marco Island FL

4. FEI Number

65-0663839

Applied For

Not Applicable

Zip

34145

Country

USA

Zip

34145

Country

USA

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

JANSSENS-LENS, PAUL
992 WINTERBERRY DRIVE
MARCO ISLAND FL 34145

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 C ☐ Delete
NAME JANSSENS-LENS, PAUL
STREET ADDRESS 992 WINTERBERRY DRIVE
CITY-ST-ZIP MARCO ISLAND FL 34145

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

TITLE VC ☐ Delete
NAME JACOB, JOS
STREET ADDRESS 1842 DOGWOOD
CITY-ST-ZIP MARCO ISLAND FL 34145

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

TITLE P ☐ Delete
NAME JUNKROSKI, PATRICK
STREET ADDRESS 275 LAMBTON LN
CITY-ST-ZIP NAPLES FL 34104

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME S. Bower, Jannie
STREET ADDRESS 992 Winterberry Drive
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2000 (941) 642 0304
Date Daytime Phone #

CR2E034 (9/99)