

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90373 036 \*\*\*150.00

**550865**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L84815**

1. Entity Name

**V SYSTEMS, INC.**

Principal Place of Business

**1670 HWY A1A  
 SATELLITE BEACH FL 32937**

Mailing Address

**1670 HWY A1A  
 SATELLITE BEACH FL 32937  
 US**

2. Principal Place of Business

**1670 Highway A1A**  
 Suite, Apt. #, etc.

3. Mailing Address

**1670 Highway A1A**  
 Suite, Apt. #, etc.

City & State

**Satellite Beach, FL**

City & State

**Satellite Beach, FL**

Zip

**32937**

Country

**US**

Zip

**32937**

Country

**US**

4. FEI Number

**65-0218193**

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

**VILARDEBO, KENNETH M  
 435 SHERWOOD AVE  
 SATELLITE BEACH FL 32937**

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.

Date:

SIGNATURE

*Kenneth M. Vilardebo*

**Kenneth M. Vilardebo, President**

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  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	VILARDEBO, KENNETH M	
STREET ADDRESS	435 SHERWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILARDEBO, ANGELINA	
STREET ADDRESS	100 RIVERSIDE DR #706	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	VILARDEBO, KIMBERLEY	
STREET ADDRESS	435 SHERWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kenneth M. Vilardebo*

**Kenneth M. Vilardebo**

Date

Daytime Phone #

**1/10/01 321 779 2900**

CR2E034 (10/00)