

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90203 022 \*\*\*\*61.25

**DOCUMENT # NO0000003337**

1. Entity Name

VSK, INC.

Principal Place of Business

2110 NW 106 AVE  
PEMBROKE PINES FL 33026

Mailing Address

2110 NW 106 AVE  
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-1015422**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SWANSON, LILI  
2110 NW 106 AVE  
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name **LILY M. SWANSON**

Street Address (P.O. Box Number is Not Acceptable)  
**2110 NW 106 AVE**

City **PEMBROKE PINES** FL Zip Code **33026**

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.

**NAME SPELLING CORRECTION ONLY**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SWANSON, LILI**  
STREET ADDRESS **2110 N W 106 AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **ASD** ☐ Delete  
NAME **SWANSON, LORI**  
STREET ADDRESS **2110 N W 106 AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **ASD** ☐ Delete  
NAME **SWANSON, MARK**  
STREET ADDRESS **2110 N W 106 AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **LILY M. SWANSON**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **W. M. Swanson** REQUIRED

CR2E037 (9/01)