2002 UNIFORM BUSINESS REPORT (UBR) AMENDED

FILED
07-23-2002 90340 018 *****8.50
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002712

1. Entity Name

VIRTUOUS SOCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
583 BRANTLEY TERRACE WAY #100 ALTAMONTE SPRINGS FL 32714	PO BOX 163151 ALTAMONTE SPRINGS FL 32716-3151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
583 Brantley Terrace Way	P O Box 163151
Suite, Apt. #, etc.: Unit #100	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714-0826 Country: Seminole	Zip: 32716-3151 Country: Seminole

4. FEI Number: 59-3715101 ☐ 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
ROBINSON, DOMONIC D 583 BRANTLEY TERRACE WAY #100 ALTAMONTE SPRINGS FL 32714	Name: Mr. Cliff Slater, M.D., J.D. Street Address (P.O. Box Number is Not Acceptable): 583 Brantley Terrace Way Unit #200 City: Altamonte Springs, FL Zip Code: 32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Miss Domonic D. Robinson 07-17-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

I WOULD NOT CONTRIBUTE
9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees
IF MY LIFE DEPENDED ON IT.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME Miss Millie FINKBINDER STREET ADDRESS 583 Brantley Ter. Way #200 CITY-ST-ZIP Altamonte Springs, FL 32714	☒ Delete		TITLE D NAME Mr. J. Alan Langlois STREET ADDRESS PO Box 1174 CITY-ST-ZIP Gloucester, VA 23061	☐ Change ☒ Addition
TITLE T NAME Miss Carolyn Brown STREET ADDRESS 207 Ivey Home Road J-2 CITY-ST-ZIP Hampton, VA 23669	☒ Delete		TITLE D NAME Miss Domonic Robinson STREET ADDRESS 583 Brantley Terrace Way CITY-ST-ZIP Unit #100 Alt. Spgs, FL 32714-0826	☐ Change ☒ Addition
TITLE D NAME Mr. Edward Duffy STREET ADDRESS 903 Great Oak Road CITY-ST-ZIP Alt. Spgs FL 32714	☒ Delete		TITLE D NAME Mr. Cliff Slater, M.D. J.D. STREET ADDRESS 583 Brantley Terrace Way Unit 200 CITY-ST-ZIP Alt. Spgs. FL 32714	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

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: Miss Domonic D. Robinson 07-17-02 (407) 297-9687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #