

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90361 045 ***150.00

DOCUMENT # P00000006263

1. Entity Name

VIRTUAL HEALTH, INC.

Principal Place of Business

902 2ND ST. SOUTH
JACKSONVILLE BCH FL 32250

Mailing Address

902 2ND ST. SOUTH
JACKSONVILLE BCH FL 32250

2. Principal Place of Business

732 Kenilworth Circle

Suite, Apt. #, etc.

Suite 206

3. Mailing Address

732 Kenilworth Cr.

Suite, Apt. #, etc.

Suite 206

City & State

Heathrow, FL

City & State

Heathrow, FL

Zip

32746

Country

US

Zip

32746

Country

US

4. FEI Number

65-1019086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN, TRAVIS
902 2ND ST. SOUTH
JACKSONVILLE BCH FL 32250

7. Name and Address of New Registered Agent

Name

JOHN, TRAVIS

Street Address (P.O. Box Number is Not Acceptable)

732 Kenilworth Circle

Suite 206

City

Heathrow,

Zip Code

32746

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.

TRAVIS JOHN

(NOTE: Registered Agent signature required when reinstating)

1/29/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHN, TRAVIS	
STREET ADDRESS	902 2ND ST. SOUTH	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, DANE	
STREET ADDRESS	1511 MONTANA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	(D) JOHN, TRAVIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN, TRAVIS	
STREET ADDRESS	732 Kenilworth Circle Suite 206	
CITY-ST-ZIP	Heathrow, FL 32746	
TITLE	(D) Pedata, Tonya	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pedata, Tonya	
STREET ADDRESS	732 Kenilworth Cr. Ste. 206	
CITY-ST-ZIP	Heathrow, FL 32746	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

407 463 2494

Daytime Phone #

CR2E034 (10/00)