

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015812

1. Entity Name

VIRTUAL ASSOCIATES, INC.

Principal Place of Business

2588 PINE COVE LANE
CLEARWATER FL 33761

Mailing Address

2588 PINE COVE LANE
CLEARWATER FL 33761

2. Principal Place of Business

782 BELLE KUGLER DR. N.

3. Mailing Address

Suite, Apt. #, etc.

FL

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

33683

Country

Zip

Country

4. FEI Number

59-3639220

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COURTACCESS CENTERS OF AMERICA, INC.
3249 W. CYPRESS STREET
SUITE C
TAMPA FL 33607

7. Name and Address of New Registered Agent

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

ALFONZ ANDREANSKY

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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 PD
NAME ANDREANSKY, ALFONZ
STREET ADDRESS 207 MARCDALE BLVD.
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

☐ Delete

TITLE VPSD
NAME ANDREANSKY, REBECCA
STREET ADDRESS 2588 PINE COVE LANE
CITY-ST-ZIP CLEARWATER FL 33761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

ALFONZ ANDREANSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

DATE

727 441-4155

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90267 037 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)