FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90036 047 ***150.00

DOCUMENT # P000000158I2

1. Entity Name

VIRTUAL ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

822238

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
782 BELTED KINGFISHER DR. N Suite, Apt. #, etc.	PO Box 456 Suite, Apt. #, etc.
City & State: PAL HARBOR FL	City & State: PALM HARBOR FL
Zip: 34683 Country:	Zip: 34682 Country:

4. FEI Number: 593639280 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALFONZ ANDREAUSKY

Street Address (P.O. Box Number is Not Acceptable): 782 BELTED KINGFISHER DR. N.

City: PALM HARBOR FL Zip Code: 34683

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 ANDREAUSKY 2/1/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: ALFONZ ANDREAUSKY STREET ADDRESS: PO Box 456 CITY-ST-ZIP: PAL HARBOR, FL 34682	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VPSD NAME: REBECCA ANDREAUSKY STREET ADDRESS: PO Box 7486 CITY-ST-ZIP: PALM HARBOR, FL 34682	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ALFONZ ANDREAUSKY 2/1/02 727 441-4149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

822238

#P00000015812

Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org

Public Inquiry

Florida Profit

VIRTUAL ASSOCIATES, INC.

BELTED

PRINCIPAL ADDRESS
782 ~~BELRED~~ KINGFISHER DR N
PALM HARBOR FL 34683
Changed 05/14/2001

MAILING ADDRESS
~~2588 PINE COVE LANE~~
~~CLEARWATER FL 33761~~

PO BOX 456
PALM HARBOR, FL
34682

Document Number	FEI Number	Date Filed
P00000015812	593639280	02/15/2000
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State	**Status**	**Effective Date**
FL	ACTIVE	NONE

Registered Agent

ALFONZ ANDREANSKY
782 BELTED KINGFISHER DR.
PALM HARBOR
FL 34683

Name & Address
~~COURTACCESS CENTERS OF AMERICA,~~ INC. ~~3349 W. CYPRESS STREET~~ ~~SUITE C~~ TAMPA FL 33607

Officer/Director Detail

PO BOX 456
PALM HARBOR, FL
34682

Name & Address	Title
ANDREANSKY, ALFONZ ~~207 MARCDALE BLVD.~~ ~~INDIAN ROCKS BEACH FL~~ 33785	PD
ANDREANSKY, REBECCA ~~2588 PINE COVE LANE~~ ~~CLEARWATER FL 33761~~	VPSD

746
PO BOX ~~4446~~
PALM HARBOR
FL 34682

Annual Reports