

**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 # *P000 000 15812*

1. Entity Name

VIRTUAL ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

822238

2. Principal Place of Business

782 BELTED KINGFISHER DR. N

Suite, Apt. #, etc.

3. Mailing Address

PO Box 456

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PAL HARBOR FL

City & State

PALM HARBOR FL

4. FEI Number

593639 280

Applied For

Not Applicable

Zip

34683

Country

Zip

34682

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALFONZ ANDREASKY

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

782 BELTED KINGFISHER DR. N

City

PALM HARBOR

FL

Zip Code

34683

**DO NOT WRITE
IN THIS SPACE**

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 ANDREASKY

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

(NOTE: Registered Agent signature required when reinstating)

2/1/02

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 ANDREASKY*
STREET ADDRESS *PO Box 456*
CITY-ST-ZIP *PAL HARBOR, FL 34682*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VP*
NAME *REBECCA ANDREASKY*
STREET ADDRESS *PO Box 7486*
CITY-ST-ZIP *PALM HARBOR, FL 34682*

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 ANDREASKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

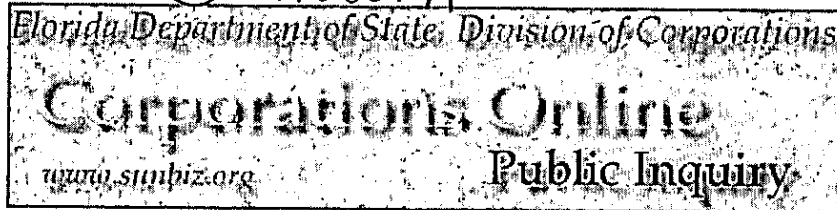
2/1/02

Date

727 441-4149

Daytime Phone #

CR2E034B (12/01)



822238
P00000015812

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*

Document Number

P00000015812

12 C

FEI Number

593639280

Date Filed

02/15/2000

34682

State

FL

Status

ACTIVE

Effective Date

NONE

Registered Agent

ALFONZ ANDREANSKY

782 BELTED KINGFISHER DR.

PALM HARBOR

FL 34683

Name & Address

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

Officer/Director Detail

*PO Box 456
PALM HARBOR, FL
34682*

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

746

PO Box 456

PALM HARBOR

FL 34682

Annual Reports