

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90712 027 ***150.00

DOCUMENT # P00000034550

1. Entity Name

VIRTUAL SOLUTIONS GROUP, INC.

Principal Place of Business

**4625 EAST BAY DRIVE
 SUITE 302
 CLEARWATER FL 33764**

Mailing Address

**4625 EAST BAY DRIVE
 SUITE 302
 CLEARWATER FL 33764**

2. Principal Place of Business

1788 PAINTED BUNTING

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

Zip

34683

Country

USA

Zip

34683

Country

USA

4. FEI Number

59-3637647

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DYJAK, CHRISTOPHER G
 4625 EAST BAY DRIVE
 SUITE 302
 CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name **CHRIS DYJAK**
 Street Address (P.O. Box Numbers Not Acceptable) **1788 PAINTED BUNTING CIRCLE**
 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

[Signature]

4/25/02

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **PRES** ☐ Delete
 NAME **DYJAK, CHRIS**
 STREET ADDRESS **4625 EAST BAY DRIVE SUITE 302**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **1788 PAINTED BUNTING CIRCLE**
 STREET ADDRESS **PALM HARBOR FL 34683**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 727-781-2014

Date

Daytime Phone #

CR2E034 (9/01)