

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90070 043 ***150.00

DOCUMENT # P00000065683

1. Entity Name
V2B SOLUTIONS, INC.

Principal Place of Business
104 5TH AVENUE NORTH
JACKSONVILLE BEACH FL 32250

Mailing Address
104 5TH AVENUE NORTH
JACKSONVILLE BEACH FL 32250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3732 Camden Island Ct. S.
 Suite, Apt. #, etc.

3. Mailing Address
3732 Camden Island Ct. S.
 Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32224
Country
USA

City & State
Jacksonville, FL
Zip
32224
Country
USA

4. FEI Number
59-3656549

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DRAUGHON, RICHARD SCOTT
ONE INDEPENDENT DRIVE, SUITE 2000
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
T. Geoffrey Heekin
Street Address (P.O. Box Number is Not Acceptable)
One Independent Drive
Suite 2200
City
Jacksonville **FL** **Zip Code**
32202

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.

(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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
VALINHO, JOSEPH
STREET ADDRESS
2711 ST. JOHNS BLUFF ROAD, SOUTH
CITY-ST-ZIP
JACKSONVILLE FL 32246

TITLE
D ☐ Delete
NAME
VALINHO, FRANKLIN
STREET ADDRESS
2711 ST. JOHNS BLUFF ROAD, SOUTH
CITY-ST-ZIP
JACKSONVILLE FL 32246

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)