

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90088 035 \*\*\*558.75

**DOCUMENT # P00000085834**

1. Entity Name  
**V & S SERVICE CORPORATION**

Principal Place of Business  
**2433 THOMAS DR., #172**  
**PANAMA CITY BEACH FL 32408**

Mailing Address  
**2433 THOMAS DR., #172**  
**PANAMA CITY BEACH FL 32408**



2. Principal Place of Business  
**2433 THOMAS DR.**

3. Mailing Address  
**2433 THOMAS DR.**

Suite, Apt. #, etc.  
**# 172**

Suite, Apt. #, etc.  
**# 172**

DO NOT WRITE IN THIS SPACE

City & State  
**PANAMA CITY BEACH, FL**

City & State  
**PANAMA CITY BEACH, FL**

4. FEI Number **59-3671501**

Applied For  
 Not Applicable

Zip  
**32408**

Country  
**USA**

Zip  
**32408**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**VAKULENKO, VLADIMIR**  
**2433 THOMAS DR., #172**  
**PANAMA CITY BEACH FL 32408**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9/9/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAKULENKO, VLADIMIR</b> <b>2433 THOMAS DR., #152</b> <b>PANAMA CITY BEACH FL 32408</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/9/02** **(865) 712-3900**  
 Date Daytime Phone #

CR2E034 (4/02)