

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90042 029 \*\*\*150.00

**DOCUMENT # P01000080528**

**1. Entity Name**  
**VAI INVESTMENTS, INC.**

**Principal Place of Business**

**5700 MEMORIAL HWY.**  
**SUITE 202 G**  
**TAMPA FL 33615**

**Mailing Address**

**5700 MEMORIAL HWY.**  
**SUITE 202 G**  
**TAMPA FL 33615**

**B0053072**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**1883 WOODHAVEN STREET**

**3. Mailing Address**

**1883 WOODHAVEN STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**TARPON SPRINGS FL**

**City & State**

**TARPON SPRINGS FL**

**Zip**

**34689**

**Country**

**FLORIDA**

**Zip**

**34689**

**Country**

**FLORIDA**

**4. FEI Number**

**59- 3738 752**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TREUHAFT, JOEL S**  
**5700 MEMORIAL HWY.**  
**SUITE 202 G**  
**TAMPA FL 33615**

**7. Name and Address of New Registered Agent**

**Name ANN LOSURDO**

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

**1883 WOODHAVEN STREET**

**City TARPON SPRINGS**

**FL**

**Zip Code 34689**

**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]*

(NOTE: Registered Agent signature required when reinstating)

**3-12-02**

**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** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☒ Addition  
**NAME ANN LOSURDO**  
**STREET ADDRESS 1883 WOODHAVEN STREET**  
**CITY-ST-ZIP TARPON SPRINGS FL 34689**

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

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

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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]* **ANN LOSURDO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-02**

**Date**

**727 937-1464**

**Daytime Phone #**

CR2E034 (9/01)