

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91352 008 ***150.00

DOCUMENT # P61600094264

1. Entity Name

V.P. Services Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23221 Sedawie Dr

Suite, Apt. #, etc.

3. Mailing Address

23221 Sedawie Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

Zip 33433

Country USA

City & State

Boca Raton FL

Zip 33433

Country USA

4. FEI Number

605 6383403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Arthur DeGrave

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

23221 Sedawie Dr

City Boca Raton

FL

Zip Code

33433

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 reissuing)

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	NAME	STREET ADDRESS	CITY-ST-ZIP
	Pres. Arthur DeGrave	23221 Sedawie Dr	Boca Raton FL 33433
	V.P. William Yappel	1401 SE 15th St	Ft Lauderdale FL 33316

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
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)(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 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 #

4/30/02 954 522-6100

CR2E034B (12/01)