

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90054 039 \*\*\*150.00

**DOCUMENT # P02000008725**

1. Entity Name  
**VIRTUALCHEX, INC.**



Principal Place of Business  
**815B S. MOODY ROAD  
PALATKA FL 32117**

Mailing Address  
**815B S. MOODY ROAD  
PALATKA FL 32117**

2. Principal Place of Business

**390A-Unit 4 CRILL AVE.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALATKA**

City & State

4. FEI Number

**02-0535141**

Applied For

Not Applicable

Zip

**32117**

Country

**Putnam**

Zip

**32117**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MANSON, DOROTHY  
815B S. MOODY ROAD  
PALATKA FL 32117**

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 **Dorothy A. Manson**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/08/03**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MANSON, DOROTHY</b>	
STREET ADDRESS	<b>815B S. MOODY ROAD</b>	
CITY-ST-ZIP	<b>PALATKA FL 32117</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MANSON, RICHARD</b>	
STREET ADDRESS	<b>815B S. MOODY ROAD</b>	
CITY-ST-ZIP	<b>PALATKA FL 32117</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Dorothy A. Manson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/08/03 386-329-1130**  
Date Daytime Phone #

CR2E034 (4/03)

Attachment

80146862



#P02000008725

**VirtualChex Inc.**

Florida Department of State  
Division of Corporations

RE: Uniform Business Report

We have moved our business and this notice just caught up with us. I now realize we should have filed this earlier, but being a new corporation I did not know when to expect it. I am sending you the \$150.00 renewal fee in the hopes that you will accept my error.

Sincerely,

*Dottie Manson*

Dottie Manson  
President

**VirtualChex**

39024 Crill Ave.  
Palatka, FL 32177

Phone: 386-329-1130  
Fax: 386-329-9953  
Email: Sales@virtualchex.com