

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90980 006 ***150.00

DOCUMENT # P02000013051

1. Entity Name
FLORIDA VIRTUAL, INC.



Principal Place of Business
1501 NE 27TH ST.
FT. LAUDERDALE, FL 33334

Mailing Address
1501 NE 27TH ST.
FT. LAUDERDALE, FL 33334

2. Principal Place of Business
3661 NE 1st Ave
Suite, Apt. #, etc.

3. Mailing Address
3661 NE 1st Ave
Suite, Apt. #, etc.

City & State
Oakland Park FL

City & State
Oakland Park FL

Zip
33334

Country
USA

Zip
33334

Country
USA



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
CATALFOMO, ANTHONY
506 LOUISA ST.
KEY WEST, FL 33040

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ECHOLS, TERRY D 1501 NE 27TH ST. FT. LAUDERDALE, FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Davis, Heather J. 917 Parkway Ct West Palm Beach, FL 33409 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Terry D. Echols 2/28/03 954-465-8667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CFR034 (10/02)