## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Mar 27, 2002 8:00 am § Secretary of State DOCUMENT # P96000038911 1. Entity Name 03-27-2002 90039 043 \*\*\*150.00 VIRTUAL REALTY CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 535 CENTRAL AVENUE 535 CENTRAL AVENUE 80052858 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3385272 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAHDERT, GEORGE K Street Address (P.O. Box Number is Not Acceptable) 535 CENTRAL AVE ST PETERSBURG FL 33701 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition RAHDERT, GEORGE NAME NAME STREET ADDRESS 535 CENTRAL AVE STREET ADDRESS ST PETERSBURG FL 33701 CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FLAHERTY, BERRY NAME STREET ADDRESS 535 CENTRAL AVENUE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33701 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if lightly like empowered. indicated on this report or supplemental report is of the corporation or the rec er or trustee en

GORGE K. RAHDERT 3-14-02

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**