

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90400 049 ***150.00

DOCUMENT # P96000104363

1. Entity Name

VIRTUAL TREASURE CHEST, INC.

Principal Place of Business

**673 S. COLLIER BLVD.
 MARCO ISLAND FL 34145**

Mailing Address

**P. O. BOX 11697
 HUNTSVILLE AL 35814
 US**

2. Principal Place of Business

756 PELICAN COURT
 Suite, Apt. #, etc.

3. Mailing Address

4083 BENTON CREEK DRIVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MARCO ISLAND, FL

City & State

WINSTON-SALEM, NC

4. FEI Number

65-0713802

Applied For

Not Applicable

Zip

34145

Country

USA

Zip

27106

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NEAL, PATRICK H
 48 TEMPLEWOOD COURT
 MARCO ISLAND FL 33937**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	CPD	<input type="checkbox"/> Delete
NAME	BALLENGER, ROBERT M.	
STREET ADDRESS	101 LYNBROOK BLVD	
CITY-ST-ZIP	MADISON AL 35758	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALLENGER, RICHARD B	
STREET ADDRESS	184 FBERMUDA	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BALLENGER, JOHN R	
STREET ADDRESS	673 S. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4083 BENTON CREEK DRIVE	
CITY-ST-ZIP	WINSTON-SALEM, NC 27106	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	756 PELICAN COURT	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT M. BALLENGER 4/30/2001 336-923-2036

CR2E034 (10/00)