

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 94000068697

1. Entity Name

PROVIDE VS CORPORATION

Principal Place of Business

8243 FOURSIDE DR.  
MECHANICSVILLE, VA.  
23111

Mailing Address

8243 FOURSCORE DR.  
MECHANICSVILLE, VA.  
23111

2. Principal Place of Business

401 SEVEN PINES Ct.

3. Mailing Address

401 SEVEN PINES Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

SANDSTON, VA.

City &amp; State

SANDSTON, VA.

Zip

23150

Country

USA

Zip

23150

Country

USA

4. FEI Number

Applied For

X Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STARLETT KLINE  
3200 PORT ROYALE DR. N. #704  
FT. LAUDERDALE, FL. 33308

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 State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees 

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES - D  Delete  
NAME SMITH, ANTHONY C., SR.  
STREET ADDRESS 8243 FOURSIDE DR.  
CITY-ST-ZIP MECHANICSVILLE, VA. 23111TITLE V.P. - D  Change  Addition  
NAME PARKER, SHEILA G.  
STREET ADDRESS 401 SEVEN PINES CT.  
CITY-ST-ZIP SANDSTON, VA. 23150TITLE SEC - D  Delete  
NAME PARKER, JEROME M.  
STREET ADDRESS 401 SEVEN PINES CT.  
CITY-ST-ZIP SANDSTON, VA. 23150TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  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.

4/20/01

804-257-0349

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)