

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90030 016 ***150.00

659435

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 97000068697

1. Entity Name

PROVIDE VS CORPORATION

Principal Place of Business

Mailing Address

8243 FOURSORE DR.
 MECHANICSVILLE, VA.
 23111

8243 FOURCORE DR.
 MECHANICSVILLE, VA.
 23111

2. Principal Place of Business

3. Mailing Address

401 SEVEN PINES CT.

401 SEVEN PINES CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANDSTON, VA.

City & State

SANDSTON, VA.

4. FEI Number

Applied For

☒ Not Applicable

Zip

23150

Country

USA

Zip

23150

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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 State

10. 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
 NAME SMITH, ANTHONY C., SR.
 STREET ADDRESS 8243 FOURSORE DR.
 CITY-ST-ZIP MECHANICSVILLE, VA. 23111 ☐ Delete

TITLE V.P.-D
 NAME PARKER, SHEILA G.
 STREET ADDRESS 401 SEVEN PINES CT.
 CITY-ST-ZIP SANDSTON, VA. 23150 ☐ Change ☒ Addition

TITLE SEC.-D
 NAME PARKER, JEROME M.
 STREET ADDRESS 401 SEVEN PINES CT.
 CITY-ST-ZIP SANDSTON, VA. 23150 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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: SHEILA G. PARKER, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01

804.257-0349

CR2E034 (11/00)