

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024367

1. Entity Name
A VIRTUAL OFFICE SERVICE, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90026 031 ***150.00

Principal Place of Business

**8535-3 BAYMEADOWS RD.
JACKSONVILLE FL 32256**

Mailing Address

**8535-3 BAYMEADOWS RD.
JACKSONVILLE FL 32256**

2. Principal Place of Business

7035 Phillips Highway

Suite, Apt. #, etc.
Suite 6

City & State
Jacksonville, FL

Zip
32216

Country
US.

3. Mailing Address

7035 Phillips Highway

Suite, Apt. #, etc.
Suite 6

City & State
Jacksonville, FL

Zip
32216

Country
US.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3497065**

Applied For
Not Applicable

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

**ENCINOSA, CYNTHIA
439 SAPELO RD.
JACKSONVILLE FL 32216**

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 *Cynthia Encinosa*

4/16/01

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 **P** ☐ Delete
NAME **ENCINOSA, CYNTHIA**
STREET ADDRESS **439 SAPELO RD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE **V** ☐ Delete
NAME **ROBINSON, GAIL**
STREET ADDRESS **2418 OAKVIEW DR**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ 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.

SIGNATURE: *Cynthia Encinosa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

(904) 448-5448

Date

Daytime Phone #

CR2E034 (10/00)