

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056753

1. Entity Name

V-SERVICES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90129 046 ***150.00

Principal Place of Business

6091 FALLS HOLLOW RD
BROOKSVILLE FL 34601

Mailing Address

6091 FALLS HOLLOW RD
BROOKSVILLE FL 34601-7700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3515656**

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

VAN SICKLE, KAREN
6091 FALLS HOLLOW RD
BROOKSVILLE FL 34601

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, 2000 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 | NAME | STREET ADDRESS | CITY - ST - ZIP | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|--------------------|----------------------|----------------------|-------|------|----------------|-----------------|
| D | VAN SICKLE, KAREN | 6091 FALLS HOLLOW RD | BROOKSVILLE FL 34601 | | | | |
| D | VALENTINE, ELLIOTT | 6091 FALLS HOLLOW RD | BROOKSVILLE FL 34601 | | | | |
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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 #

CR2E034 (9/99)