

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90195 013 ***150.00

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DOCUMENT # P99000034048

1. Entity Name
VIRTUAL COMMUNICATION SERVICES, INC.



Principal Place of Business
**14088 ICOT BLVD.
CLEARWATER FL 33760**

Mailing Address
**14088 ICOT BLVD.
CLEARWATER FL 33760**



2. Principal Place of Business

3. Mailing Address

11642 Renaissance View Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Tampa FL

Zip

Zip

33626

33626

Country

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3571022**

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

**JOHNSON, DANIEL
14088 ICOT BLVD.
CLEARWATER FL 33760**

Name **Mark Dranoff**

Street Address (P.O. Box Number is Not Acceptable)

11642 Renaissance View Ct

City

Tampa

FL

Zip Code **33626**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

4/11/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **JOHNSON, DANIEL**
STREET ADDRESS **14088 ICOT BLVD.**
CITY-ST-ZIP **CLEARWATER FL 33760**

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

TITLE **D** ☐ Delete
NAME **DRANOFF, MARK**
STREET ADDRESS **14088 ICOT BLVD.**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☒ Change ☐ Addition
NAME **11642 Renaissance View Ct**
STREET ADDRESS **Tampa FL 33626**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

4/11/03 **813-3346275**
Date Daytime Phone #

CR2E034 (10/02)