

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051559

1. Entity Name

V.O. SERVICES, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90055 044 ***150.00

Principal Place of Business

8966 BELVEDREE RD
WEST PALM BEACH FL 33411
US

Mailing Address

8966 BELVEDREE RD
WEST PALM BEACH FL 33411
US

00049907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14198 Citrus DR
Suite, Apt. #, etc.

3. Mailing Address

14198 Citrus Drive
Suite, Apt. #, etc.

City & State

Loxahatchee FL

City & State

Loxahatchee FL

4. FEI Number

65-0929879

Applied For

Not Applicable

Zip

33470

Country

USA

Zip

33470

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

GAHAN, SHARON K
8966 BELVEDERE ROAD
W. PALM BEACH FL 33411

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 PD ☐ Delete
NAME GRAHAM, SHARON
STREET ADDRESS 8966 BELVEDERE ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33411

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

Sharon Gahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-01

Date

561-792-6698

Daytime Phone #

CR2E034 (10/00)