

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101859

1. Entity Name
VOCATIONAL SERVICES, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90243 049 ***150.00

0011404

Principal Place of Business
10 WEST ADAMS STREET
JACKSONVILLE FL 32202

Mailing Address
10 WEST ADAMS STREET
JACKSONVILLE FL 32202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3616657

Applied For
Not Applicable

Zip Country

Zip Country

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

GRISSINGER, CHARLES R
3653 SHAWNEE SHORES DRIVE
JACKSONVILLE FL 32225

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	GRISSINGER, RICHARD	
STREET ADDRESS	3653 SHAWNEE SHORES	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRISSINGER, BILL	
STREET ADDRESS	PO BOX 622	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRISSINGER, VICKI	
STREET ADDRESS	PO BOX 622	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRISSINGER, KAREN	
STREET ADDRESS	3653 SHAWNEE SHORES	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Karen Grissinger KAREN GRISSINGER

04-28-01 (904) 353-2455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)