

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90032 034 ***150.00

DOCUMENT # P99000101859

1. Entity Name
VOCATIONAL SERVICES, INC.

Principal Place of Business
10 WEST ADAMS STREET
JACKSONVILLE FL 32202

Mailing Address
10 WEST ADAMS STREET
JACKSONVILLE FL 32202

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 **59-3616657**

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

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 *Charles R. Grissinger*
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GRISSINGER, RICHARD**
STREET ADDRESS **3653 SHAWNEE SHORES**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

☒ Change ☐ Addition
NAME
STREET ADDRESS **13948 Webb Road**
CITY-ST-ZIP **Jacksonville FL 32218**

TITLE **V.** ☐ Delete
NAME **GRISSINGER, BILL**
STREET ADDRESS **PO BOX 622**
CITY-ST-ZIP **CALLAHAN FL 32011**

☒ Change ☐ Addition
NAME
STREET ADDRESS **1944 Oak Trail**
CITY-ST-ZIP **Callahan, FL 32011**

TITLE **S** ☐ Delete
NAME **GRISSINGER, VICKI**
STREET ADDRESS **PO BOX 622**
CITY-ST-ZIP **CALLAHAN FL 32011**

☒ Change ☐ Addition
NAME
STREET ADDRESS **1944 Oak Trail**
CITY-ST-ZIP **Callahan, FL 32011**

TITLE **T** ☐ Delete
NAME **GRISSINGER, KAREN**
STREET ADDRESS **3653 SHAWNEE SHORES**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

☒ Change ☐ Addition
NAME
STREET ADDRESS **13948 Webb Rd**
CITY-ST-ZIP **Jacksonville FL 32218**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)