

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066471

1. Entity Name

VIP REAL ESTATE AND INVESTMENTS, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90320 025 ***150.00

Principal Place of Business

9627 BRASSIE CT
NEW PORT RICHEY FL 34655
US

Mailing Address

9627 BRASSE CT
NEW PORT RICHEY FL 34655
US

2. Principal Place of Business

128 SEA MARSH RD

Suite, Apt. #, etc.

3. Mailing Address

128 SEA MARSH RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

AMELIA ISLAND FL 32034

City & State

AMELIA ISLAND

4. FEI Number 65-0525889

Applied For

Not Applicable

Zip

Country

32034-5049

U.S.A

Zip

Country

32034-5049

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREGER, JAMES P
9627 BRASSIE CT
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name JAMES P. KREGER

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

128 SEA MARSH ROAD

City AMELIA ISLAND

FL

Zip Code 32034

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 of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01-08-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KREGER, JAMES P	
STREET ADDRESS	9627 BRASSIE CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREGER, JUNE D	
STREET ADDRESS	9627 BRASSIE CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	128 SEA MARSH ROAD	
STREET ADDRESS	AMELIA ISLAND FL 32034	
CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	128 SEA MARSH ROAD	
STREET ADDRESS	AMELIA ISLAND FL 32034	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 #

01-08-01

904-277-2603

CR2E034 (10/00)