

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90087 019 \*\*\*150.00

**DOCUMENT # 576719**

1. Entity Name

**VIRGIN ISLANDS PROPERTY, INC.**

Principal Place of Business

**6712 CARDINAL DRIVE, SOUTH  
 ST PETERSBURG FL 33707  
 US**

Mailing Address

**C/O 810 63RD AVE. NORTH  
 P.O. BOX 20768  
 ST. PETERSBURG FL 33742-0768**

2. Principal Place of Business

3. Mailing Address

**c/o 4230 S. MacDill Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 205**

City & State

City & State

**Tampa, FL**

Zip

Country

Zip

Country

**33611**

**United States**

4. FEI Number

**59-1838225**

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

**MOUSER, FREDERICK L.  
 810 63RD AVENUE NORTH  
 ST. PETERSBURG FL 33702**

Name **Scott Paul Davis, Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**4230 South MacDill Ave**

**Suite 205**

City **Tampa**

**FL**

Zip Code  
**33611**

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 **Scott Paul Davis** *Scott Paul Davis*

**3/13/02**

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  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BENEDICT, ROBERT L. 6712 CARDINAL SOUTH ST. PETERSBURG FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD BENEDICT, THOMAS 34142 JUNIPER DR. NORTH PINELLAS PARK FL 33781</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: **Robert L. Benedict Pres.** *Robert L. Benedict*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/02**

Date Daytime Phone #

CR2E034 (9/01)