

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91607 033 \*\*\*150.00

**DOCUMENT # 845563**

1. Entity Name  
**VIRGINIA TAG, INC.**

Principal Place of Business <b>5426 ROBIN HOOD RD          P.O. BOX 12716          NORFOLK VA 23513          US</b>	Mailing Address <b>PO BOX 12716          NORFOLK VA 23541          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>21-0743293</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION FL 33324</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>VPS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROSS, THOM H.</b>	NAME		NAME	
STREET ADDRESS	<b>816 DE LA FAYETTE COURT</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>VIRGINIA BCH VA</b>	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLAUGHLIN, DENNIS</b>	NAME		NAME	
STREET ADDRESS	<b>1712 HERFORD WAY</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>VIRGINIA BEACH VA 23454</b>	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURLING, FRED B.</b>	NAME		NAME	
STREET ADDRESS	<b>RTE 1 BOX 158</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING GROVE VA</b>	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, MELVIN E</b>	NAME		NAME	
STREET ADDRESS	<b>1300 FAIRWAY DRIVE</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>VIRGINIA BCH FL 23454</b>	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAHN, ROBERT B.</b>	NAME		NAME	
STREET ADDRESS	<b>3650 SEA GULF BLUFF</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>CHESAPEAKE FL 23454</b>	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, RAY N.</b>	NAME		NAME	
STREET ADDRESS	<b>3650 SEA GULF BLUFF</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>VIRGINIA BEACH VA 23455</b>	CITY-ST-ZIP		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 REQUIRED** *4-24-02* *757-282-7436*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/01)