

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104887

1. Entity Name

VIRAGO CUSTOM BODYART, INC.

Principal Place of Business

3301-S HARTLEY RD  
JACKSONVILLE, FL  
32257

Mailing Address

5065 HOOD RD  
JACKSONVILLE, FL  
32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

DUVAL

Zip

Country

DUVAL

4. FEI Number

59-3683056

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VIRAGO KREWS  
5065 HOOD ROAD  
JACKSONVILLE, FL  
32257

7. Name and Address of New Registered Agent

Name  
← SAME

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

Virago Krees

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reselecting)

Oct 12, 2001

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

See Attached

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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)(f), 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:

Virago Krees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 12, 2001 9042686063

Date

Daytime Phone #

CR2E034 (11/00)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 22 PM 5:36

10f3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

20f3

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00000104887**

1. Corporation Name

**VIRAGO CUSTOM BODYART, INC.**

Principal Place of Business

Mailing Address

~~5065 HOOD RD.~~  
**JACKSONVILLE FL 32257-1119**

**5065 HOOD RD.**  
**JACKSONVILLE FL 32257-1119**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**3301-S HARTLEY RD**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/07/2000**

5. FEI Number

Applied For

Not Applicable

City & State

**JACKSONVILLE, FL**

City & State

Zip Country

**32257 DUAL**

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>D</b>	<b>KREWS, VIRAGO</b>	<b>5065 HOOD RD.</b>	<b>JACKSONVILLE FL 32257</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KREWS, VIRAGO**  
**5065 HOOD RD.**  
**JACKSONVILLE FL 32257-1119**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

30F3

Division of Business Reports  
P.O. Box 1500  
Tallahassee, FL 32302-1500

October 12, 2001

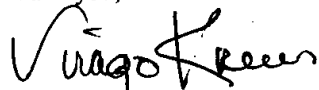
Dear Persons:

Please find enclosed my Uniform Business Report along with a check for the \$150.00 filing fee and \$8.75 certificate of status fee, for a total of \$158.75.

Please be informed that my Corporation never received a UBR form in the mail, hence the late filing. -After speaking with my accountant and phoning your office, I am sending you the appropriate documents (attached) in hopes that this can be cleared up.

Thank you in advance for your kind consideration in this matter and I look for to hearing from you in the very near future.

Thank you,



Virago Krews  
Virago Custom BodyArt, Inc.  
3301-5 Hartley Road  
Jacksonville, Florida 32257  
904 268 6063