

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90117 017 \*\*\*150.00

DOCUMENT # *P01000066744*  
1. Entity Name  
*Virginia Dare Group, Inc.*



**DO NOT WRITE IN THIS SPACE**

**90036184**

2. Principal Place of Business  
*821 Glastonbury Dr*  
Suite, Apt. #, etc.  
*Kissimmee*  
City & State  
*Florida*  
Zip  
*34758* Country  
*U.S.A.*

3. Mailing Address  
*821 Glastonbury Dr*  
Suite, Apt. #, etc.  
*Kissimmee*  
City & State  
*Florida*  
Zip  
*34758* Country  
*U.S.A.*

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*59-3731319*

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*Ellen Kenette Stone*  
Street Address (P.O. Box Number is Not Acceptable)  
*821 Glastonbury Drive*  
City  
*Kissimmee* **FL** Zip Code  
*34758*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE <i>President</i>	NAME <i>Ellen Kenette Stone</i>	TITLE	
STREET ADDRESS <i>821 Glastonbury Drive</i>		NAME	
CITY-ST-ZIP <i>Kissimmee, FL 34758</i>		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <i>Director</i>	NAME <i>Christopher Lawrence Stone</i>	TITLE	
STREET ADDRESS <i>821 Glastonbury Drive</i>		NAME	
CITY-ST-ZIP <i>Kissimmee, FL 34758</i>		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ellen Kenette Stone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-21-03*

Date

*407 346 3527 (cell)*

Daytime Phone #

CR2E034B (12/02)