

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

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90001 006 \*\*\*150.00

DOCUMENT # **708000111823**

1. Entity Name

**VIREX TECHNOLOGIES**



**DO NOT WRITE IN THIS SPACE**

**50002290**

2. Principal Place of Business

**525 PLAZA SEVILLE**

Suite, Apt. #, etc.

**51**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**TREASURE ISLAND FL**

City & State

4. FEI Number

**1342195 5948**

Applied For

Not Applicable

Zip

**33706**

Country

**US**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**JOHN REDMAN - VIREX TECHNOLOGIES**

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

**525 PLAZA SEVILLE CT #51**

City

**TREASURE ISLAND**

**FL**

Zip Code

**33706**

**DO NOT WRITE  
IN THIS SPACE**

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]*

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	<b>PRESIDENT - P</b>
NAME	<b>JOHN REDMAN</b>
STREET ADDRESS	<b>525 PLAZA SEVILLE CT #5</b>
CITY-ST-ZIP	<b>TREASURE ISLAND FL 33706</b>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/05**

Date

**727-360-4221**

Daytime Phone #

CR2E034B (12/02)