

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90093 019 \*\*\*150.00

**DOCUMENT # P21295**

1. Entity Name

**VIRTEK, INC.**

Principal Place of Business

Mailing Address

5121 BOWDEN RD.  
103  
JACKSONVILLE FL 32216  
USPO BOX 24467  
JAX FL 32241-4467  
US

041176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 51430

Suite, Apt. #, etc.

Suite, Apt. #, etc.

107

City &amp; State

City &amp; State

JACKSONVILLE, FL

4. FEI Number

43-1270044

Applied For

Not Applicable

Zip

Country

Zip

Country

32241

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

VIRGIN, LISA  
5235 MYRTLE LANE  
NAPLES FL 33962

Name

GRIMM, ELLEN

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

4926 SAN CLERE ROAD

City

JACKSONVILLE,

FL

Zip Code

32217

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

*John Virgin*

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

(NOTE: Registered Agent signature required when reinstating)

3-27-00

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, 2000 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 PTD ☐ Delete  
NAME VIRGIN, JOHN  
STREET ADDRESS 5235 MYRTLE LANE  
CITY-ST-ZIP NAPLES FLTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5121 BOWDEN RD, STE. 107  
CITY-ST-ZIP JACKSONVILLE, FL 32216TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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)(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: x

*John Virgin* JURED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

Daytime Phone #