

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90001 039 ***750.00

DOCUMENT # P34799

1. Entity Name
VIRGIN LIGHTSHIPS, INC.

Principal Place of Business
5728 MAJOR BOULEVARD
SUITE 314
ORLANDO FL 32819

Mailing Address
5728 MAJOR BOULEVARD
SUITE 314
ORLANDO FL 32819

014110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3076627**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

TAGMAN, KEITH C
5728 MAJOR BOULEVARD
SUITE 314
ORLANDO FL 32819

Name **Anthony Obrzut**
 Street Address (P.O. Box Number is Not Acceptable)
5728 Major Blvd.
Ste 314
 City **Orlando** **FL** Zip Code **32819**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **DP**
 NAME **DEXTER, JIM** ☐ Delete
 STREET ADDRESS **5728 MAJOR BLVD., STE 314**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **DP**
 NAME **Charles Chrler** ☒ Change ☐ Addition
 STREET ADDRESS **5728 Major Blvd, ste 314**
 CITY-ST-ZIP **Orlando, FL 32819**

TITLE **MVP**
 NAME **KENDRICK, MICHAEL** ☒ Delete
 STREET ADDRESS **UNIT 19, STAFFORD PARK**
 CITY-ST-ZIP **TELFORD, SHROPSHIRE, ENGLAND**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST**
 NAME **TAGMAN, KEITH** ☐ Delete
 STREET ADDRESS **5728 MAJOR BLVD STE 314**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **ST**
 NAME **Anthony Obrzut** ☒ Change ☐ Addition
 STREET ADDRESS **5728 Major Blvd, Ste 314**
 CITY-ST-ZIP **Orlando, FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (4/02)

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:

Anthony Obrzut
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/02 407-363-7777
 Date Daytime Phone #