

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087619

1. Entity Name

VIRGO INVESTMENTS, INC.

Principal Place of Business

Mailing Address

70 WEST LUCERN CIRCLE  
APT 1615  
ORLANDO FL 32801

70 WEST LUCERN CIRCLE  
APT 1615  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

SHONLEY'S INN

SHONLEY'S INN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

US 27 and 441

US 27 and 441

City & State

City & State

Lakeburg FL

Lakeburg FL

Zip

34748

Country

USA

Zip

34748

Country

USA

6. Name and Address of Current Registered Agent

MECKS, CURTIS L  
70 WEST LUCERN CIRCLE  
APT 1615  
ORLANDO FL 32801

4. FEI Number 59-3025098

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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 Curtis L. Meeks

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

(NOTE: Registered Agent signature required when reinstating)

1/5/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	MECKS, CURTIS L	
STREET ADDRESS	70 WEST LUCERN CIRCLE, APT 1615	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOCK, REED M	
STREET ADDRESS	1920 SUSSEX DRIVE	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRUBB, JOHN C	
STREET ADDRESS	326 VALERA COURT	
CITY-ST-ZIP	WINTERPARK FL 32789	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	MECKS, CURTIS L	
STREET ADDRESS	70 WEST LUCERN CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Curtis L. Meeks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Curtis L. Meeks

1/5/01

Date

(407) 841-1910

Daytime Phone #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90046 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)