


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90147 037 ***150.00

DOCUMENT # P99000017810

1. Entity Name
VIRGO INC.



Principal Place of Business
777 NORTHWEST 72ND AVENUE, #2 J 2
MIAMI FL 33126

Mailing Address
777 NORTHWEST 72ND AVENUE, #2 J 2
MIAMI FL 33126

2. Principal Place of Business
8001 South Orange
Suite, Apt. #, etc. Blossom Trail
1272

3. Mailing Address

City & State
Orlando, FL

City & State

Zip
32809

Country
USA

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SCEMLA, CLAUDE
777 NORTHWEST 72ND AVENUE, #2 J 2
MIAMI FL 33126

4. FEI Number 65-0908608

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name: SCEMLA, Muriel
Street Address (P.O. Box Number is Not Acceptable): 105 OCEAN BLVD
City: Golden Beach FL Zip Code: 33160

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCEMLA, CLAUDE 105 OCEAN BLVD GOLDEN BCH FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCEMLA, Muriel 105 OCEAN BLVD GOLDEN BEACH FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**

02/11/03 (305) 265-5500

DATE _____ DAYTIME PHONE # _____

CR2E034 (10/02)