

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90119 040 ***150.00

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DOCUMENT # F02000002005

1. Entity Name
VERICHIP CORPORATION



Principal Place of Business
400 ROYAL PALM WAY, STE. 410
PALM BEACH FL 33480

Mailing Address
400 ROYAL PALM WAY, STE. 410
PALM BEACH FL 33480

11000011



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1637809**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTIGLIERE, JEROME C
218 ROYAL PALM WAY, STE. 201
PALM BEACH FL 33480

Name *Kay Langford*
Street Address (P.O. Box Number is Not Acceptable) *400 Royal Palm Way*
Suite *410*
City *Palm Beach* **FL** **Zip Code** *33480*

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 *Kay C Langford*
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	☒ Delete
NAME	SULLIVAN, RICHARD J	
STREET ADDRESS	400 ROYAL PALM WAY, STE. 410	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VCP	☐ Delete
NAME	SILVERMAN, SCOTT	
STREET ADDRESS	400 ROYAL PALM WAY, STE. 410	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DVST	☒ Delete
NAME	ARTIGLIERE, JEROME C	
STREET ADDRESS	218 ROYAL PALM WAY, STE. 201	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DV	☐ Delete
NAME	BOLTON, KEITH	
STREET ADDRESS	400 ROYAL PALM WAY, STE. 410	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	☐ Change ☒ Addition
NAME	Seelig, Richard	
STREET ADDRESS	400 Royal Palm Way, Ste 410	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	D, CEO	☒ Change ☐ Addition
NAME	Silverman, Scott	
STREET ADDRESS	400 Royal Palm Way, Ste 410	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VP	☐ Change ☒ Addition
NAME	McLaughlin, Kevin	
STREET ADDRESS	400 Royal Palm Way, Ste 410	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	P, D	☒ Change ☐ Addition
NAME	Bolton, Keith	
STREET ADDRESS	400 Royal Palm Way, Ste 410	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	S, T	☐ Change ☒ Addition
NAME	McKeown, Evan	
STREET ADDRESS	400 Royal Palm Way, Suite 410	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kevin McLaughlin* **4-29-03** **561-805-8006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)