

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90079 018 ***550.00

DOCUMENT # H97402

1. Entity Name
VERHI, INC.

Principal Place of Business

2300 SE 17TH ST
 BLDG 301
 Ocala FL 34471
 US

Mailing Address

2300 SE 17TH ST
 BLDG 401
 Ocala FL 34471
 US

2. Principal Place of Business

824 Creighton Road

3. Mailing Address

824 Creighton Road

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-2636323

Applied For

Not Applicable

Zip

32504

Country

USA

Zip

32504

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FULLER, JEFFERY M
100 N. TAMPA ST
STE 2650
TAMPA FL 33602

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

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, 2000 Min. 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	DPT	<input type="checkbox"/> Delete
NAME	VERO, FRANK M.	
STREET ADDRESS	3502 SE 18TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	PHELPS, MARK A	
STREET ADDRESS	2712 SW 132 TERR	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/00
 Date Daytime Phone #

CR2E034 (5/00)