

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90331 040 \*\*\*158.75

**DOCUMENT # P01000101086**

1. Entity Name  
**VERTICAL INTEGRATION, INC.**

Principal Place of Business <b>4301 ANCHOR PLAZA SUITE 400  TAMPA FL 33634</b>	Mailing Address <b>4301 ANCHOR PLAZA SUITE 400  TAMPA FL 33634</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3748952</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>HARTER, CRAIG</b> <b>4301 ANCHOR PLAZA SUITE 400</b> <b>TAMPA FL 33634</b>				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 \$150.00**  
**After May 1, 2002 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 NAME DUNCAN, ANN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4301 ANCHOR PLAZA SUITE 400		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33634		CITY-ST-ZIP	
TITLE NAME LAUER, BRUCE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4301 ANCHOR PLAZA SUITE 400		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33634		CITY-ST-ZIP	
TITLE NAME ROTHSCHILD, DOUGLAS	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4301 ANCHOR PLAZA SUITE 400		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33634		CITY-ST-ZIP	
TITLE NAME VARSAMES, LOUIS	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4301 ANCHOR PLAZA SUITE 400		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33634		CITY-ST-ZIP	
TITLE NAME WILKINS, WILLIAM	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4301 ANCHOR PLAZA SUITE 400		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33634		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Craig R. Harter 3/2/02 (813) 349-8585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)