

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90094 039 \*\*\*150.00

**DOCUMENT # P96000028459**

1. Entity Name

**VARIABLE OPERATIONS USA, INC.**

Principal Place of Business

4781 NORTH CONGRESS AVENUE.  
 PMB 214  
 LANTANA FL 33462

Mailing Address

4781 NORTH CONGRESS AVENUE.  
 PMB 214  
 LANTANA FL 33462

2. Principal Place of Business

**4781 NTH CONGRESS AVE**

3. Mailing Address

**4781 NTH CONGRESS AVE**

Suite, Apt. #, etc.

**# 214**

Suite, Apt. #, etc.

**# 214**

City & State

**BOYNTON BEACH FL**

City & State

**BOYNTON BEACH FL**

Zip

**33426**

Country

**USA**

Zip

**33426**

Country

**USA**

4. FEI Number

**65-0655268**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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 \$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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WILKINSON, TREVOR J	11 HAWTHORNE LANE	BOYNTON BEACH FL 33426	<input type="checkbox"/>
STVD	NOCK, GEOFFREY J	11 HAWTHORNE LANE	BOYNTON BEACH FL 33426	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**GEOFFREY J NOCK**

**4-16-01**

Date

**9561-964-6222**

Daytime Phone #

CR2E034 (10/00)