

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90065 002 \*\*\*150.00

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**DOCUMENT # P97000060197**

1. Entity Name  
**VERTICALS BY JOHN, INC.**



Principal Place of Business  
**1676 SE PT. ST. LUCIE BLVD.  
PT. ST. LUCIE FL 34952**

Mailing Address  
**1676 SE PT. ST. LUCIE BLVD.  
PT. ST. LUCIE FL 34952**

**90015999**



2. Principal Place of Business  
**501 BUSINESS CENTER DR  
SUITE, Apt. #, etc. *PORT ST. LUCIE CONNECTION***

3. Mailing Address  
**640 ST. ANDREWS COVE  
SUITE, Apt. #, etc. *PORT ST. LUCIE FLA.***

City & State  
**PORT ST. LUCIE FLA.**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0768364**

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

6. Name and Address of Current Registered Agent  
**PILAT, JOHN  
1676 SE PT. ST. LUCIE BLVD.  
PT. ST. LUCIE FL 34952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PILAT, JOHN</b>	
STREET ADDRESS	<b>840 ST ANDREWS COVE</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34986</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PILAT, DOREEN</b>	
STREET ADDRESS	<b>840 ST ANDREWS COVE</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34986</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED** **1-30-03** **879 7094**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)