2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90178 015 ***150.00

DOCUMENT # P98000016443

1. Entity Name
VERO PROFESSIONAL PROPERTIES, INC.

Principal Place of Business	Mailing Address
1255 37TH STREET SUITE E VERO BEACH FL 32960 US	1255 37TH STREET SUITE E VERO BEACH FL 32960 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
131 ANCHOR DRIVE	131 ANCHOR DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BEACH,FLORIDA	City & State: VERO BEACH, FLORIDA
Zip: 32963 — Country: INDIAN RIVER	Zip: 32963 — Country: INDIAN RIVER

4. FEI Number 65-0817195 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRAZIER, JOAN F 1255 37TH STREET SUITE E VERO BEACH FL 32960	Name: FRAZIER, JOAN F. Street Address (P.O. Box Number is Not Acceptable): 131 ANCHOR DRIVE City: VERO BEACH FL Zip Code: 32963

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 ________ FEBRUARY 14, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRAZIER, JOAN F 131 ANCHOR DR VERO BEACH FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SULLIVAN, CHARLES A SR 360 9TH CT VERO BEACH FL 32962	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: JOAN F. FRAZIER, PRESIDENT [signature] 2/14/02 (772) 231-0369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #