

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90021 019 \*\*\*150.00

**DOCUMENT # F75224**

1. Entity Name  
**VE-MAR, INC.**

Principal Place of Business  
**% VERA M HARRINGTON**  
**5701 BROADWAY**  
**WEST PALM BEACH FL 33407-2550**

Mailing Address  
**5600 POINSETTA AVE**  
**APT 1807**  
**W PALM BCH FL 33407**  
**US**



2. Principal Place of Business

3. Mailing Address

**415 2nd Ave. N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
**LAKE WORTH, FL**

4. FEI Number

**59-2175349**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33460**

**Palm Beach**

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

**HARRINGTON, VERA M**  
**5701 BROADWAY**  
**WEST PALM BEACH FL**

Name  
**EMORY C JORDAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**415 2nd Ave N.**

City  
**LAKE WORTH**

**FL**

Zip Code  
**33460**

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 **EMORY C JORDAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/18/02**

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  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP**  
**HARRINGTON, VERA M**  
**5701 BROADWAY**  
**WEST PALM BCH, FL 00000**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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 CITY-ST-ZIP

☐ Change

☐ Addition

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 RECORDED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/18/02**

Date

**561-588 6272**

Daytime Phone #

CR2E034 (9/01)