

2002
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002695

1. Entity Name

Vermox, Inc

*we did not
receive notice w/
the mail

Principal Place of Business

Mailing Address

P.O. Box 65568

P.O. Box 65568

Salt Lake City, UT

Salt Lake City, UT

84165-0668

84165-0668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2689902

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

JIM TURNER JIM-TURNER

200 S. Orange Ave

SARASOTA, FL 34230

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 revesting)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and effects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001, Fee will be \$350.00

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 President
NAME Leif W. Andersen
STREET ADDRESS 958 W 3265 S
CITY-STATE-ZIP Salt Lake City, UT 84119

☐ Delete

TITLE Secretary
NAME Bradley A. Oich
STREET ADDRESS 958 W 3265 S
CITY-STATE-ZIP Salt Lake City, UT 84119

☐ Delete

TITLE Board Member
NAME Leif W. Andersen
STREET ADDRESS same as above
CITY-STATE-ZIP 958 W 3265 S

☐ Delete

TITLE Board Member
NAME Bradley A. Oich
STREET ADDRESS same as above
CITY-STATE-ZIP 958 W 3265 S

☐ Delete

TITLE Board Member
NAME David Lindsey
STREET ADDRESS 958 W 3265 S
CITY-STATE-ZIP Salt Lake City, UT 84119

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
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CITY-STATE-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Leif W. Andersen President

9/30/02

(801)973-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

F98000002645

FILED

02 JUL -8 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

37348

DO NOT WRITE IN THIS SPACE
05/27/2002 90425 040

150.00

CR2E034 (11/00)