

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**  
 08-16-2001 90004 025 \*\*\*150.00

**DOCUMENT # P00000000570**

1. Entity Name  
**VERNON TEXTILES, INC.**

Principal Place of Business

**6781 NW 81 CT.  
 PARKLAND FL 33067**

Mailing Address

**6781 NW 81 CT.  
 PARKLAND FL 33067**

2. Principal Place of Business

3. Mailing Address

**CLPBS  
 Suite, Apt. #, etc.  
 9600 W Sample Rd 304  
 City & State  
 Coral Springs FL  
 Zip  
 33065 Country  
 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0968314**

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

**VERNON, MICHAEL  
 6781 NW 81 CT.  
 PARKLAND FL 33067**

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 *Michael Vernon*  
 Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*X Aug 11, 2001*  
 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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 VERNON, MICHAEL 6781 NW 81 ST. POMPANO BEACH FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *X Michael Vernon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Aug 11, 2001 X 954-227-3494*  
 Date Daytime Phone #

CR2E034 (5/01)

# Professional Business Solutions

Attachment  
# P0000000057K  
A0081526

The Bottom Line Experts

August 8, 2001

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Vernon Textiles

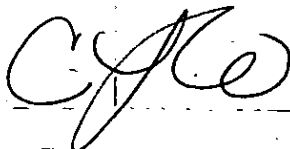
Dear Sir or Madam:

Enclosed is the annual report for Vernon Textiles, Inc. We are including a check for \$150. We ask that the late filing penalty be waived as the original report was not received.

We are changing the mailing address to our address so that we can be assured that next year's report will be filed timely. We believe a former employee may have discarded the original report was not received by the owner.

We await your response.

Sincerely,



Concetta Lupardo