

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90029 045 \*\*\*550.00

**DOCUMENT # P00000042041**

**1. Entity Name**  
**VERREZEN USA, INC.**

**Principal Place of Business**  
**4950 N. HWY 17**  
**DELEON SPRINGS FL 32130**

**Mailing Address**  
**4950 N. HWY 17**  
**DELEON SPRINGS FL 32130**

**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**

**59-3701340**

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**

**VERREZEN, IVAN**  
**4950 N. HWY 17**  
**DELEON SPRINGS FL 32130**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*11 September 2001*

**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** **P** ☐ Delete  
**NAME** **VERREZEN, IVAN**  
**STREET ADDRESS** **4950 N. HWY 17**  
**CITY-ST-ZIP** **DELEON SPRINGS FL 32130**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VP** ☒ Delete  
**NAME** **ERDEWEGHE, DANNY VAN**  
**STREET ADDRESS** **4950 N. HWY 17**  
**CITY-ST-ZIP** **DELEON SPRINGS FL 32130**

**TITLE** **V.P.** ☐ Change ☒ Addition  
**NAME** **LINDA SINGER**  
**STREET ADDRESS** **965 LEMON COURT**  
**CITY-ST-ZIP** **GLENWOOD, FLA. 32720**

**TITLE** **S** ☐ Delete  
**NAME** **VERREZEN, SABRINA**  
**STREET ADDRESS** **4950 N. HWY 17**  
**CITY-ST-ZIP** **DELEON SPRINGS FL 32130**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **T** ☐ Delete  
**NAME** **VERREZEN, IVAN**  
**STREET ADDRESS** **4950 N. HWY 17**  
**CITY-ST-ZIP** **DELEON SPRINGS FL 32130**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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]* **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)