

MAY-01-01 00:08

FROM-THE DUNES

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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

04-16-2001 90043 022 ***150.00

DOCUMENT # P00000094914

1. Entity Name

E. VERONICA ENTERPRISES, INC.

Principal Place of Business

7709 PEBBLE CREEK CIRCLE, #301
NAPLES FL 34108

Mailing Address

7709 PEBBLE CREEK CIRCLE, #301
NAPLES FL 34108

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1045811

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, ELIZABETH V
7709 PEBBLE CREEK CIRCLE, #301
NAPLES FL 34108

7. Name and Address of New Registered Agent

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

Elizabeth V. Griffin

does not wish to be removed

April 10, 2001

Signature, typed or printed name of registered agent and date of application.

(NOTE: Registered Agent signature required when removing agent)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirements and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Section Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	0	☐ Delete
NAME	GRIFFIN, ELIZABETH V	
STREET ADDRESS	7709 PEBBLE CREEK CIRCLE, #301	
CITY-STATE-ZIP	NAPLES FL 34108	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

Elizabeth V. Griffin

April 3, 2001

94 554 1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Disclose Phone #

CR20034 (10/00)