

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90016 025 ***150.00

DOCUMENT # P01000044503

1. Entity Name
VERDELL & CO., INC.

Principal Place of Business

**8124 ENGLISH ELM CIRCLE
 SPRINGHILL FL 34606**

Mailing Address

**8124 ENGLISH ELM CIRCLE
 SPRINGHILL FL 34606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4144 MARINER BLVD

Suite, Apt. #, etc.

SPRING HILL FL

City & State

3. Mailing Address

4144 MARINER BLVD

Suite, Apt. #, etc.

SPRING HILL FL

City & State

4. FEI Number

59-3716111

Applied For

Not Applicable

Zip **34609**

Country **USA**

Zip **34609**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLCOMB, VICTOR W
 106 S. TAMPANIA AVE., STE. 200
 TAMPA FL 33606**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete
 NAME **TOBIN, MARYANN**
 STREET ADDRESS **8124 ENGLISH ELM CIRCLE**
 CITY-ST-ZIP **SPRINGHILL FL 34606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4144 MARINER BLVD**
 CITY-ST-ZIP **SPRING HILL FL 34609**

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

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 NAME
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

(352) 688 4894

Daytime Phone #

CR2E034 (9/01)