

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90133 048 ***158.75

DOCUMENT # P01000047165

1. Entity Name
THE VERIFICATION CENTRE, INC.

Principal Place of Business
570 EDGEWATER DRIVE
DUNEDIN FL 34698

Mailing Address
570 EDGEWATER DRIVE
DUNEDIN FL 34698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
537 DOUGLAS AVE.

Suite, Apt. #, etc.
SUITE 15

City & State
DUNEDIN, FLORIDA

Zip
34698

Country
USA

3. Mailing Address
411 Cleveland Street

Suite, Apt. #, etc.
#232

City & State
Clearwater, FL

Zip
33755

Country
USA

4. FEI Number
59-3721183

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICKETTS, JEFFERY
570 EDGEWATER DRIVE
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name
JEFFERY R. LITTON

Street Address (P.O. Box Number is Not Acceptable)

537 DOUGLAS AVE, SUITE 15

City
DUNEDIN

FL

Zip Code
34698

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

1-12-02

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
NAME
RICKETTS, JEFFERY
STREET ADDRESS
570 EDGEWATER DRIVE
CITY-ST-ZIP
DUNEDIN FL 34698

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRESIDENT/DIRECTOR
NAME
JEFFERY R. LITTON
STREET ADDRESS
537 DOUGLAS AVE, SUITE 15
CITY-ST-ZIP
DUNEDIN

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT/DIRECTOR
Jan 8, 2002

727-733-
8700

CR2E034 (9/01)