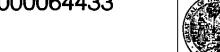
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000064433 **DOCUMENT #**

1. Entity Name VERDUIN ENTERPRISES, INC.





(NOTE: Registered Agent signature required when reinstating)

Principal Place of Business 5668 NW 87TH WAY CORAL SPRINGS FL 33067

Mailing Address 5668 NW 87TH WAY CORAL SPRINGS FL 33067

2. Principal Place		3. Mailing Address			THE THE THE PARTY OF THE PARTY	
Suite, Apt. #, et		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number APPLIED FOR	Applied For Not Applicable
Žìp	Country	Zip	Country		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		
verduin, jr.,	KENNETH L			Name		
5668 NW 87 WAY				Street Address (P.O. Box Number is Not Acceptable)		
CORAL SPRIN						
				City	F	Zip Code
	ned entity submits this states of registered agent.	ment for the purpose of chan	ging its registered	d office_or reg	istered agent, or both, in the State of Florida. I'an	n familiar with, and accept
SIGNATURE						

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

9. Election Campaign Financing Trust Fund Contribution.

DATE

FILED

Jan 30, 2003 8:00 am

Secretary of State

01-30-2003 90111 007 ***150.00

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change verduin, kenneth L NAME NAME 5668 NW 87TH WAY STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33067 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE **Oelete** NAME VERDUIN." VIRGINIA" E NAME STREET ADDRESS 5668 NW 87TH WAY STREET ADDRESS CORAL SPRINGS FL 33067 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address