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

## **DOCUMENT #**

P01000064783

1. Entity Name

PAUL VERDI, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90178 008 \*\*\*150.00

Principal Place of Business 1800 OCEANSIDE DR PORT RICHEY FL 34668			Mailing Address 11800 OCEANSIDE DR PORT RICHEY FL 34668					
. Principal Pi	lace of Business	3. Mailing Address	3					1 <b>3184</b> 1441 1 <b>88</b> 1
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 6	1 55-1124427		applied For lot Applicable
Zip	Country	Zip	Coun	ntry	5. Certificate of St	atus Desired [	\$8.75 Ac	lditional
	6. Name and Address of Curr	ent Registered Agent			7. Name and Add	ress of New Regis	stered Agent	
				Name		_		
-VERDI,-PAU	JL			Street Address	s (P.O. Box Number is N	lot Acceptable)	<del></del>	
11800 OCE	EANSIDE DR			Street Addres	s (F.O. Box Number is in	ioi Acceptable)		
PORT RICH	1EY FL 34668							
							1 7 0	
		,		City			FL Zip Co	de
	named entity submits this statement ons of registered agent.	nt for the purpose of chang	ging its registere	ed office or regis	tered agent, or both, in	the State of Florida.	. I am familiar with	, and accept
IGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	d Agent signature requi	red when reinstating)		DATE	
					<del></del>		:	
FI After Make Check	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmer	nt of State			Trust Fu	Campaign Financi nd Contribution.	☐ Adde	<b>00</b> May Be d to Fees
FI After Make Check 0.	May 1, 2003 Fee will be \$550. Payable to Florida Departmer OFFICERS A	00 nt of State	11,		Trust Fu		☐ Adde	d to Fees
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**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR