

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91287 021 \*\*\*150.00

0586175 AV

**DOCUMENT # P01000076882**

1. Entity Name  
**NET VERIFIER, INC.**



Principal Place of Business  
**34990 US HWY. 19 N.  
PALM HARBOR FL 34684**

Mailing Address  
**34990 US HWY. 19 N.  
PALM HARBOR FL 34684**



2. Principal Place of Business  
**13603 W. HILLSBOROUGH AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**13603 W. HILLSBOROUGH AVE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Tampa FL**  
Zip  
**33635** Country  
**USA**

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**33635** Country  
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4. FEI Number **59-3740939** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**VANDERWIEDE, RICHARD  
34990 US HWY. 19 N.  
PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name **RICHARD VANDERWIEDE**  
Street Address (P.O. Box Number is Not Acceptable)  
**13603 W. HILLSBOROUGH AVE**  
City **Tampa** FL Zip Code **33635**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **VANDERWIEDE, RICHARD**  
STREET ADDRESS **34990 US HWY. 19 N.**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **13603 W. HILLSBOROUGH AVE**  
CITY-ST-ZIP **Tampa FL 33635**

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

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CITY-ST-ZIP

12. 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 10 or Block 11 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

**RICHARD VANDERWIEDE 4-22-03**

Date

Daytime Phone #

**813-925-3880**

CR2E034 (10/02)