

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90723 009 ***150.00

0129966 AV

DOCUMENT # P01000093810

1. Entity Name
VERICOM, INC.



Principal Place of Business
**837 VILLA DRIVE
MELBOURNE FL 32940**

Mailing Address
**837 VILLA DRIVE
MELBOURNE FL 32940**

2. Principal Place of Business
1500 Sykes Creek Dr.

3. Mailing Address
1500 Sykes Creek Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Merritt Island, FL

City & State
Merritt Island, FL

Zip
32953

Country
USA

Zip
32953

Country
USA

4. FEI Number
59-3746311

Applied For
☐ Not Applicable

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

**BOUVIER, PAUL CPA
JACKSON, BAUVIER & COMPANY
3210 N WICKHAM ROAD, SUITE 5
MELBOURNE FL 32935**

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. 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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PVOT~~ ☐ Delete
NAME **BERARD, JOHN**
STREET ADDRESS ~~837 VILLA DRIVE~~
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Berard, John**
STREET ADDRESS **1500 Sykes Creek Dr.**
CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE **VD** ☐ Delete
NAME **Berard, Helen**
STREET ADDRESS **1500 Sykes Creek Dr.**
CITY-ST-ZIP **Merritt Island, FL 32953**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

4-28-03

Date

407-509-4962

Daytime Phone #

CR2E034 (10/02)