

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90004 040 ***150.00

DOCUMENT # P02000043773

1. Entity Name

VERNIS & BOWLING OF BROWARD, P.A.



Principal Place of Business

884 U.S. HIGHWAY #1
N. PALM BEACH, FL 33408

Mailing Address

884 U.S. HIGHWAY #1
N. PALM BEACH, FL 33408

44020211



2. Principal Place of Business

2514 Hollywood Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 408

Suite, Apt. #, etc.

03152004

Chg-P

CR2E034 (10/03)

City & State

Hollywood, FL

City & State

4. FEI Number

01-0669552

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERNIS, G. JEFFREY
884 U.S. HIGHWAY #1
N. PALM BEACH, FL 33408

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BOWLING, ROBERT W
STREET ADDRESS 1680 N.E. 135TH STREET SECOND FLOOR
CITY-ST-ZIP NORTH MIAMI, FL 33408

TITLE DV ☐ Delete
NAME VERNIS, G. JEFFREY
STREET ADDRESS 884 U.S. HIGHWAY ONE
CITY-ST-ZIP N. PALM BEACH, FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/15/04

Date

561-775-9822

Daytime Phone #