

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0109326 AV

DOCUMENT # PD2000048465

1. Entity Name  
VERIFIER II, INC.



FILED

03 OCT 22 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
595 BAY ISLES RD. STE 200  
LONGBOAT KEY FL 34228

Mailing Address  
595 BAY ISLES RD. STE 200  
LONGBOAT KEY FL 34228



REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES

03

2. Principal Place of Business

1549 RINGLING BLVD

3. Mailing Address

1549 RINGLING BLVD.

Suite, Apt. #, etc.

SUITE 602

Suite, Apt. #, etc.

SUITE 602

City & State

SARASOTA FLORIDA

City & State

SARASOTA, FLORIDA

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

01-0715152

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IRVING, TOM L

595 BAY ISLES RD, STE 200

LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1549 RINGLING BLVD.

SUITE 602

City

SARASOTA

FL

Zip Code

34236

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
DPC  
BUFFETT, THOMAS V  
1549 RINGLING BLVD., SUITE 602  
SARASOTA FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
D  
FLEMING, HARRY  
424 N WASHINGTON ST.  
ALEXANDRIA VA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900023997329  
10/22/03--01007--005 \*\*758.75

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

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

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

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

10/13/03

Date

(941) 362-7011

Daytime Phone #

CR2E034 (4/03)