

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90142 005 \*\*\*150.00

**DOCUMENT # P02000048789**



1. Entity Name  
**VERTICAL ABYSS, INC.**

Principal Place of Business  
**6248 WILLOUGHBY CIRCLE  
LAKE WORTH FL 33463**

Mailing Address  
**6248 WILLOUGHBY CIRCLE  
LAKE WORTH FL 33463**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**7126 Copperfield Circle**

Suite, Apt. #, etc.

**7126 Copperfield Circle**

City & State

**Lake Worth, FL**

City & State

**Lake Worth, FL**

4. FEI Number

**01-0688445**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BODDEN, CARLOS  
1601 40TH STREET  
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name **CARLOS BODDEN**

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

**7126 Copperfield Circle**

City **Lake Worth**

FL

Zip Code **33467**

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

**3/18/03**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BODDEN, DAMIAN</b>	
STREET ADDRESS	<b>6248 WILLOUGHBY CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BODDEN, CARLOS</b>	
STREET ADDRESS	<b>1601 40TH STREET</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BODDEN, MARCAL</b>	
STREET ADDRESS	<b>710 EXECUTIVE CENTER DR.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>F</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Brown, Damian</b>	
STREET ADDRESS	<b>4417 Woodstock Dr.</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BODDEN, CARLOS</b>	
STREET ADDRESS	<b>7126 Copperfield Circle</b>	
CITY-ST-ZIP	<b>Lake Worth, FL 33467</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BODDEN, MARCAL</b>	
STREET ADDRESS	<b>1601 40th St</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Brown, Damian</b>	
STREET ADDRESS	<b>4417 Woodstock Drive</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 entries empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**3/18/03**

**(561)995-1966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)