

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

Zip

33467

Country

U.S.A.

Zip

33467

Country

U.S.A.

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

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

(NOTE: Registered Agent signature required when reinstating)

3/18/03

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 **P** ☐ Delete
NAME **BODDEN, DAMIAN**
STREET ADDRESS **6248 WILLOUGHBY CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE **V** ☒ Delete
NAME **BODDEN, CARLOS**
STREET ADDRESS **1601 40TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **V** ☒ Change ☐ Addition
NAME **BODDEN, CARLOS**
STREET ADDRESS **7126 Copperfield Circle**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **S** ☒ Delete
NAME **BODDEN, MARCAL**
STREET ADDRESS **710 EXECUTIVE CENTER DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **S** ☒ Change ☐ Addition
NAME **BODDEN, MARCAL**
STREET ADDRESS **1601 40TH ST**
CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE **T** ☒ Delete
NAME **Brown, Damian**
STREET ADDRESS **4417 Woodstock Dr.**
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE **T** ☐ Change ☒ Addition
NAME **Brown, Damian**
STREET ADDRESS **4417 Woodstock Drive**
CITY-ST-ZIP **West Palm Beach, FL 33409**

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

3/18/03

Date

(561) 995-1966

Daytime Phone #

CR2E034 (10/02)