



**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90150 021 \*\*\*550.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000101528</b>					
1. Entity Name <b>VERITAS INVESTMENTS, INC.</b>					
Principal Place of Business <del>232 MARKHAM ROAD</del> <del>KODAKVILLE, FL 32746</del>			Mailing Address <del>232 MARKHAM ROAD</del> <del>KODAKVILLE, FL 32746</del>		
2. Principal Place of Business <b>753 Creekwater Terrace</b>			3. Mailing Address 		
Suite, Apt. #, etc. <b>Unit 103</b>			Suite, Apt. #, etc.		
City & State <b>Lake Mary, FL</b>			City & State		
Zip <b>32746</b>		Country <b>USA</b>	Zip		Country
4. FEI Number <b>90-0052002</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>KATZ, LAWRENCE H 341 N MAITLAND AVE, STE 120 MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
B. 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P/D Marcia Edwards-Kelman 753 Creekwater Terrace Unit 103 Lake Mary, FL 32746</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Marcia Edwards-Kelman</u> <u>Marcia Edwards-Kelman</u> 4/31/03 407 321 6317 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #					

CR2E034 (10/02)