

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90289 023 \*\*\*150.00

05/0018 AV

**DOCUMENT # P93000005604**

1. Entity Name  
**VERLIE KNOX, INCORPORATED**



Principal Place of Business  
**1536 NO ABALONE TERR  
HERNANDO FL 34442**

Mailing Address  
**1536 NO ABALONE TERR  
HERNANDO FL 34442**

2. Principal Place of Business  
**8202 E Bitterbush Ln**

3. Mailing Address  
**8202 E Bitterbush Ln**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Port St. Lucie, FL**

City & State  
**Port St. Lucie, FL**

4. FEI Number **59-3158379**

Applied For  
Not Applicable

Zip **34952** Country **USA**

Zip **34952** Country **USA**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNOX, VERLIE D  
3232 CR 511  
HERNANDO FL 34442**

Name **Verlie D Knox**  
Street Address (P.O. Box Number is Not Acceptable)  
**8202 E Bitterbush Ln**  
City **Port St. Lucie** **FL** Zip Code **34952**

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 *Verlie D Knox* 2/25/03  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSP  
KNOX, VERLIE D  
3232 CR 511  
HERNANDO FL 34442** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
POST, WARNER E  
1536 N ROALONE TER  
HERNANDO FL 34442** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
Watt, R. Van  
20650 Firewood St.  
Perris, Ca. 92570** ☒ Change ☒ Addition

TITLE  
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CITY - ST - ZIP  
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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: *Verlie D Knox* 2/25/03 772-879-4634  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)