

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90184 046 ***150.00

DOCUMENT # P93000027940

1. Entity Name
VERMOST, INC.

Principal Place of Business

9887 4TH ST. N.
SUITE 309
ST PETERSBURG FL 33702
US

Mailing Address

P.O. BOX 21686
SUITE 301
ST PETERSBURG FL 33742-1686
US

2. Principal Place of Business

14100 US Highway 19 North

3. Mailing Address

14100 US Highway 19 North

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33764

Country

PINELLAS

Zip

33764

Country

PINELLAS

6. Name and Address of Current Registered Agent

DARREN J. VERMOST
9887 4TH ST, NORTH
SUITE 309
ST PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
14100 US Highway 19 North
Suite 105
City **CLEARWATER** **FL** **Zip Code** **33764**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VERMOST, RONALD E | |
| STREET ADDRESS | 4477 6TH STREET COURT | |
| CITY-ST-ZIP | EAST MOLINE IL 61244 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VERMOST, JOYCE A | |
| STREET ADDRESS | 4477 6TH STREET COURT | |
| CITY-ST-ZIP | EAST MOLINE IL 61244 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VERMOST, DARREN J | |
| STREET ADDRESS | 103 MARSHALL STREET | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-----------------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 11 or Block 12 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

4-30-02

Date

727-578-4400

Daytime Phone #

CR2E034 (9/01)