

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083641

1. Entity Name

VERIMPEX, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90036 017 ***150.00

Principal Place of Business

Mailing Address

3838 TAMiami TRAIL N.
STE 300
NAPLES FL 34108

3838 TAMiami TRAIL N.
STE 300
NAPLES, FL 34103-3586

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0450755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODMAN, KENNETH D
5551 RIDGEWOOD DRIVE
SUITE 405
NAPLES FL 34108

Name

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

3838 Tamiami Trail N., Suite 300

City
Naples,

FL

Zip Code
34103

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

3-10-00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WOLF, RENNER W
ROBERT CLAUSEN PO BOX 554
MARCO ISLAND FL 34146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
DE RENNER, VERONICA B
ROBERT CLAUSEN, PO BOX 429
MARCO ISLAND FL 34146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
GOODMAN, KENNETH D
6622 NEWHAVEN CIR
NAPLES FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3838 Tamiami Trail N., Suite 300
Naples, FL 34103

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Kenneth D. Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

941-403-3000

Daytime Phone #

CR2E034 (9/99)