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

Mailing Address

NAPLES FL 34108

3. Mailing Address

City & State

Suite, Apt. #, etc.

3838 TAMIAMI TRAIL N.

## P93000083641 DOCUMENT #

1. Entity Name

VERIMPEX, INC.

Principal Place of Business

2. Principal Place of Business

GOODMAN & BREEN, P.A.

3838 TAMIAMI TRAIL N.

NAPLES FL 34103

3838 TAMIAMI TRAIL N.

Suite, Apt. #, etc.

City & State

Zip

**STE 300** 

SIGNATURE

STE 300 NAPLES FL 34108



**FILED** Jan 24, 2003 8:00 am **Secretary of State** 

01-24-2003 90038 013 \*\*\*150.00

☐ CHECK HERE IF	: MAKIN	IG CHA	NGES
4. FEI Number 65-0450755			Applied For Not Applicable
5. Certificate of Status Desired			75 Additional Required
7. Name and Address of New Re-	gistered	l Agent	
			-
O. Box Number is Not Acceptable)			
~ <del>**</del>	FI	L Z	ip Code
d agent, or both, in the State of Flori	da. I an	n familia	r with, and accept

8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.

Street Address (P.

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTOR	S	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DP	☐ Delete	TITLE	VINCENT RENNER _ Change PAddition
NAME	WOLF, RENNER W		NAME	C/O ROBERT CLAUSEN
STREET ADDRESS	ROBERT CLAUSEN PO BOX 554		STREET ADDRESS	IPA BKX 429
CITY-ST-ZIP	MARCO ISLAND FL 34146		CITY-ST-ZIP	MARCO ISLAND, FL 34146
TITLE	DST	☐ Delete	TITLE	VP ☐ Change
NAME	DE RENNER, VERONICA B		NAME	DANIELA RENNER
STREET ADDRESS	ROBERT CLAUSEN, PO BOX 429		STREET ADDRESS	CO ROBERT CLAUSEN P. O. BOX 429
CITY-ST-ZIP	MARCO ISLAND FL 34146		CITY-ST-ZIP	MAIRCO ISLAND, FL 34146
TITLE	AS	Delete Delete	TITLE	DVPST Addition
NAME	GOODMAN, KENNETH D		NAME	VERBUICA BEZ DE RELWER
STREET ADDRESS	3838 TAMIAMI TRL N. STE 300		STREET ADDRESS	CO ROBERT CLAUSEN P.U. BOX 429
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	MARCO ISLAND, FL 34146
TITLE	***	☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			- NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME		·	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

<del>Junai</del>uke Keguired SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-403-3000