

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077739

1. Entity Name

VERTICALLY YOURS PLUS, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90147 017 ***150.00

Principal Place of Business

Mailing Address

1453-G LAKE CRYSTAL
WEST PALM BEACH FL 33411
US

1453-G LAKE CRYSTAL DRIVE
WEST PALM BEACH FL 33411-2910
US

2. Principal Place of Business

3. Mailing Address

105 ORIOLE COURT
Suite, Apt. #, etc.

105 ORIOLE COURT
Suite, Apt. #, etc.

City & State

City & State

ROYAL PALM BEACH, FL

ROYAL PALM BEACH, FL

4. FEI Number

65-0531512

Applied For

Not Applicable

Zip

Country

Zip

Country

33411

USA

33411

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

COFFMAN, GERALD F
1453-G LAKE CRYSTAL DRIVE
WEST PALM BEACH FL 33411

Name GERALD F. COFFMAN

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

City ROYAL PALM BEACH FL Zip Code 33411

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, 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	D	<input type="checkbox"/> Delete
NAME	COFFMAN, GERALD F	
STREET ADDRESS	1453-G LAKE CRYSTAL DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	105 ORIOLE COURT	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

561-791-5094

Daytime Phone #

CR2E034 (9/99)