

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

VERORICH SYSTEMS, INC
W-7Lde2

P95060037782

FILED

00 MAR 30 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

FT. MYERS
BEACH, FL

4198 BAY BEACH LN. #175
FT. MYERS BCH, FL 33931

2. Principal Place of Business

FT. MYERS BEACH, FL

3. Mailing Address

4198 BAY BEACH LN. #175

Suite, Apt. #, etc.

175

Suite, Apt. #, etc.

175

REINSTATEMENT

07-100

City & State

FT. MYERS BCH, FL

City & State

FT. MYERS BCH, FL

4. FEI Number

65-0586428

Applied For

Not Applicable

Zip

33931

Country

USA

Zip

33931

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

RICHARD FAIRFIELD

Name

Same

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

4198 BAY BEACH LN. #175

City

FT. MYERS BEACH

FL

Zip Code

33931

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/22/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
RICHARD FAIRFIELD
4198 BAY BEACH LN. #175
FT. MYERS BEACH, FL 33931

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003203795--9
-04/11/00--01031--021

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/22/00

CR2E034 (9/99)