

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90042 034 \*\*\*158.75

DOCUMENT # P95000037782

1. Entity Name

VERORICH SYSTEMS

Principal Place of Business

Mailing Address

9821 ALABAMA ST. #5

BONITA SPRINGS, FL 34135

Same

**A0024917**

2. Principal Place of Business

9821 ALABAMA ST.

Suite, Apt. #, etc.

#5

3. Mailing Address

Suite, Apt. #, etc.

Same

DO NOT WRITE IN THIS SPACE

City & State

City & State

BONITA SPRINGS, FL

4. FEI Number

65-0586428

Applied For

Not Applicable

Zip

Country

Zip

Country

34135

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  
9821 ALABAMA ST. #5  
BONITA SPRINGS, FLORIDA  
34135

Name

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

City

FL

Zip Code

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

Richard Fairfield

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/05/01

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, 2001 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 PRESIDENT & DIRECTOR ☐ Delete  
NAME RICHARD FAIRFIELD  
STREET ADDRESS 9821 ALABAMA ST. #5  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

02/05/01 (941) 498-5361  
Date Daytime Phone #

CR2E034 (11/00)