## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 16, 2001 8:00 am Secretary of State DOCUMENT # P95000043521 1. Entity Name 05-16-2001 90013 003 \*\*\*150.00 VERTICAL CHESS INC. Principal Place of Business Mailing Address 326 PERUVIAN AVE 326 PERUVIAN AVE 549848 STE 6 STE 6 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0584138 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PODULKA, TED C-Street Address (P.O. Box Number is Not Acceptable) 1030 SINGER DR SINGER ISLAND FL 33404 City Zin 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, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition PODULKA, ANITA F NAME NAME STREET ADDRESS STREET ADDRESS 1030 SINGER DR CITY-ST-ZIP CITY-ST-ZIP SINGER ISLAND FL 33404 □ Change Addition TITLE Delete TITLE PODULKA, TED C NAME NAME STREET ADDRESS STREET ADDRESS 1030 SINGER DR CITY-ST-7IP CITY-ST-71P SINGER ISLAND FL 33404 ☐ Delete ☐ Change Addition TITLE TITLE PODULKA, PHILIP M NAME NAME STREET ADDRESS 11634 FICUS ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete TITLE Change Addition TITLE PODULKA, ANTHONY C NAME NAME STREET ADDRESS 4863 ORLANDO STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33417 **EVP** TITLE Delete TITLE Change ☐ Addition PODULKA, MARY K NAME NAME STREET ADDRESS 319 3RD LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WEST PALM BEACH FL 33418** ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustage empoweled 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 effect like empowered.

SERTREASUREN 5.1.2001

561.655.5767

**FILED**