

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90056 029 \*\*\*150.00

**DOCUMENT # P95000043521**

1. Entity Name  
**VERTICAL CHESS INC.**



Principal Place of Business  
**326 PERUVIAN AVE  
STE 6  
PALM BEACH FL 33480**

Mailing Address  
**326 PERUVIAN AVE  
STE 6  
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0584138**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**PODULKA, TED C  
1030 SINGER DR  
SINGER ISLAND FL 33404**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ted C Podulka Sec Treasurer* (NOTE: Registered Agent signature required when reinstating)

4-28-2003  
DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **PODULKA, ANITA F**  
STREET ADDRESS **1030 SINGER DR**  
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **ST** ☐ Delete  
NAME **PODULKA, TED C**  
STREET ADDRESS **1030 SINGER DR**  
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **V** ☐ Delete  
NAME **PODULKA, PHILIP M**  
STREET ADDRESS **11634 FICUS ST**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **V** ☐ Delete  
NAME **PODULKA, ANTHONY C**  
STREET ADDRESS **4863 ORLANDO**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **EVP** ☐ Delete  
NAME **PODULKA, MARY K**  
STREET ADDRESS **319 3RD LN**  
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *DEAN CURTIS OVERHAUSER* 4-28-2003 655-5727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Sec Treasurer* Date Daytime Phone #

CR2E034 (10/02)