

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90090 022 ***150.00

DOCUMENT # P95000080915

1. Entity Name

VERO INSURANCE, INC.

Principal Place of Business

~~2911 OCEAN DRIVE~~
VERO BEACH FL 32963

Mailing Address

2911 OCEAN DRIVE
VERO BEACH FL 32963

2. Principal Place of Business

3801 Ocean DR

3. Mailing Address

PO Box 3250

Suite, Apt. #, etc.

SITE 202 B

Suite, Apt. #, etc.

City & State

Vero Beach

City & State

VERO BEACH FL

Zip

32963

Country

Indian River

Zip

32964

Country

USA

6. Name and Address of Current Registered Agent

STRUVE, JOHN M
2801 ~~2911~~ OCEAN DRIVE
VERO BEACH FL 32963

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.

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, 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

TITLE D
NAME SCHWIERING, JAMES E
STREET ADDRESS ~~2911~~ OCEAN DRIVE
CITY-STATE-ZIP VERO BEACH FL

☐ Delete

TITLE PD
NAME SCHWIERING, JAMES E
STREET ADDRESS ~~2911~~ OCEAN DRIVE
CITY-STATE-ZIP VERO BEACH FL 32963

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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CITY-STATE-ZIP

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CITY-STATE-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:

James E Schwiering Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
Date

Sol 231 2622
Daytime Phone #

CR2E034 (10/00)

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