

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90049 023 \*\*\*150.00

**DOCUMENT # P96000012820**  
 1. Entity Name  
**VERRIGNI MARINE, INC.**

Principal Place of Business      Mailing Address  
**160 NW 24TH ST #25**      **160 NW 24TH ST #25**  
**BOCA RATON FL 33431**      **BOCA RATON FL 33431**

*980990*



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0635707**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
~~SORKIN, JOHN~~  
~~4700 B SHERIDAN ST~~  
~~HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent  
 Name **ANTHONY VERRIGNI**  
 Street Address (P.O. Box Number is Not Acceptable) **160 NW 24th ST #25**  
 City **BOCA RATON**      FL      Zip Code **33431**

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: *Anthony Verrigni*  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PO	<input type="checkbox"/> Delete
NAME	VERRIGNI, ANTHONY	
STREET ADDRESS	<del>10 HEATHER TRACE DRIVE</del> <b>6038 INDIAN FOREST CIRCLE</b>	
CITY-ST-ZIP	<del>BOYNTON BEACH FL 33436</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	<b>LAKE WORTH</b>	
CITY-ST-ZIP	<b>33463</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anthony Verrigni*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/8/02 561-338-8844*

CR2E034 (4/02)

**2000 UNIFORM BUSINESS REPORT (UBR)**

6/20/00-90007-009-\$150.00-\$150.00

DOCUMENT # P96000012820

1. Entity Name  
**VERRIGNI MARINE INC (R)**

*Attachment*  
*980320*

Principal Place of Business Mailing Address  
**160 NW 24th #25**  
**BOCA RATON FL 33431**

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 **65-0635707** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**John Sorkin**  
**4700 B Sheridan St.**  
**Hollywood FL 33021**

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 **John Sorkin** DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>PRES. - OWNER</b>	<input type="checkbox"/> Delete
NAME	<b>Anthony Verrigni</b>	
STREET ADDRESS	<b>10 HEATHER TRACE DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: **Anthony Verrigni** 6/10/00 561-338-8844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment  
980536

P96000012820

VERRIGNI MARINE, INC.

PH. 407-338-8844  
160 NW. 24TH ST., NO. 25  
BOCA RATON, FL 33431-6654

00064977

2933

DATE 6/10/00

63-8413/2670

PAY  
TO THE  
ORDER OF

FLORIDA DEPARTMENT OF STATE

\$ 150.00

One hundred fifty

DOLLARS



Washington Mutual

Washington Mutual Bank, FA  
Boca Raton/Spanish River Financial Center 1663  
3901 N. Federal Highway 1-800-788-7000  
Boca Raton, FL 33431 24-hour Customer Service

FOR

FEI # 65 0635707

*Anthony Verrigi*

⑈002933⑈ ⑆26708413⑆ ⑆831⑆ 349968⑆ 9⑈

⑈0000015000⑈

# 200) UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012820

1. Entity Name

**VERRIGNI MARINE, INC.**

*paid w/ credit card  
4/11/01*

*9805336*



DO NOT WRITE IN THIS SPACE

Principal Place of Business 160 NW 24TH ST #25 BOCA RATON FL 33432	Mailing Address 160 NW 24TH ST #25 BOCA RATON FL 33431-6654
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>65-0635707</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**VERRIGNI, ANTHONY J**  
160 NW 24TH ST #25  
BOCA RATON FL 33432

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 \_\_\_\_\_ (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VERRIGNI, ANTHONY J</b> <b>160 NW 24TH ST #25</b> <b>BOCA RATON FL 33432</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  
980537

796 0000 1282

**Capital One**  
Small Business Services

VISA GOLD ACCOUNT  
4791-2415-1943-9157

MAR 16 - APR 15, 2001  
Page 1 of 1

**Account Summary**

Previous Balance \$3,481.61  
Payments, Credits and Adjustments \$104.00  
Transactions, including Monthly Bills \$405.82  
Finance Charges \$55.99

New Balance \$3,832.42  
Minimum Amount Due \$115.00  
Payment Due Date May 15, 2001

Total Credit Line \$6,500  
Total Available Credit \$2,660.58  
Credit Line for Cash \$6,500  
Available Credit for Cash \$2,660.58

**Payments, Credits and Adjustments**

1 07 APR PAYMENT RECEIVED - THANK YOU \$104.00

**Transactions**

DATE  
\* 2 11 APR FL UBR FILING 00 OF 615-2972770 FL \$155.00  
3 11 APR COLLELO'S BOYTON BEACH FL 39.81

**Monthly Bills and Related Expenses**

DATE  
4 09 APR PRG\*AUTO 800-888-7764 800-888-7764 OH 211.01

For your service  
call Customer Relations or to report a lost or stolen card:  
800-955-7070

Send payments to:  
Remittance Processing  
Capital One Services  
P.O. Box 85184  
Richmond, VA 23285-5184

Send inquiries to:  
Capital One Services  
P.O. Box 85015  
Richmond, VA 23285-5015

\* 3280  
5/11/01

**Finance Charges**

Please see reverse side for important information

	Balance rate applied to	Periodic rate	Corresponding APR	FINANCE CHARGE
PURCHASES	\$3,557.17	.05077% F	18.53%	\$55.99
CASH	\$ .00	.05077% F	18.53%	\$ .00

8214S

▼ PLEASE RETURN PORTION BELOW WITH PAYMENT. ▼

*Attachment*  
**VERRIGNI MARINE, INC.**

160 NW 24<sup>TH</sup> Street, No. 25  
Boca Raton, FL 33431  
(561) -338-8844

980536  
P96 000012820

September 8, 2002

Florida Department of Corporations  
Corporate Records  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find a check for \$150, which constitutes by 2002 corporate fees.

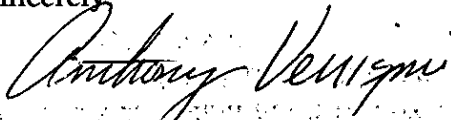
For the past few years, I have had a problem with the Department of Corporations sending my paperwork. As example, I offer the following:

- ◆ In 2000, I never received my paperwork and sent a check for \$150, with a letter of explanation. I also changed by registered agent from John Sorkin, to myself. Check No. 2933 (Copy Enclosed)
- ◆ In 2001, I never received my paperwork, and remembered the issue I had the previous year, and filed online. My online information listed me as the registered agent. (Copy Enclosed)
- ◆ In 2002, I again never received my paperwork until a couple of weeks ago. At this point, it reverted back to the old registered agent and again mentioned an extremely high fee. (Copy Enclosed)

I certainly cannot understand why I continue to have problems forwarding me the appropriate paperwork. I have not moved and have not changed any information. I would appreciate it if the correct registered agent is listed and, if possible, find out why I continue to have such difficulty with corporation paperwork.

Thank you for your assistance in this matter and I look forward to hearing from you soon.

Sincerely,



**Anthony Verrigni**  
**President**

AJV:gv

Enclosures