

# 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  
**160 NW 24TH ST #25**  
**BOCA RATON FL 33431**

Mailing Address  
**160 NW 24TH ST #25**  
**BOCA RATON FL 33431**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SORKIN, JOHN~~  
~~4700 B SHERIDAN ST~~  
~~HOLLYWOOD FL 33021~~

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PO**  
 NAME **VERRIGNI, ANTHONY**  
 STREET ADDRESS **10 HEATHER TRACE DRIVE**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**LAKE WORTH 33463**  
☐ Delete

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-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:

*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)

Principal Place of Business

Mailing Address

160 NW 24th St #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

6. Name and Address of Current Registered Agent

John Sorkin  
4700 B Sheridan St.  
Hollywood FL 33021

4. FEI Number

65-0635707

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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

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, 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: PRES. - OWNER  
NAME: Anthony Verrigni  
STREET ADDRESS: 10 HEATHER TRACE DRIVE  
CITY-ST-ZIP: BOYNTON BEACH FL 33436

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE:   
NAME:   
STREET ADDRESS:   
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☐ Change ☐ Addition

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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 Verrigni*

⑈002933⑈ ⑆267084131⑆831⑈349968⑈9⑈

⑈0000015000⑈

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012820

1. Entity Name

VERRIGNI MARINE, INC.

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*not w/ credit + cash*  
*4/11/01*

*7805336*

DO NOT WRITE IN THIS SPACE

Attachment  
980536

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

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

Send payments to:  
Attn: 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

**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

3240  
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

▼ 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.

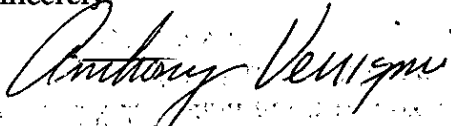
For the past few years, I have had a problem with the Department of Corporations sending my paperwork. As example, I offer the following:

- ◆ 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