

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028459

1. Entity Name

VARIABLE OPERATIONS USA, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90143 030 \*\*\*150.00

Principal Place of Business

Mailing Address

4781 NORTH CONGRESS AVENUE, SUITE 214  
LANTANA FL 33462

4781 NORTH CONGRESS AVENUE, SUITE 214  
LANTANA FL 33462

2. Principal Place of Business

4781 NTH CONGRESS AVE

3. Mailing Address

4781 NTH CONGRESS AVE

Suite, Apt. #, etc.

PMB 214

Suite, Apt. #, etc.

PMB 214

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

Zip

33426

Country

FLA BEACH

Zip

33426

Country

FLA BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0655268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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, 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 PD  
NAME WILKINSON, TREVOR J  
STREET ADDRESS 11 HAWTHORNE LANE  
CITY-ST-ZIP BOYNTON BEACH FL ~~33462~~ 33426 ☐ Delete

TITLE STVD  
NAME NOCK, GEOFFREY J  
STREET ADDRESS 11 HAWTHORNE LANE  
CITY-ST-ZIP BOYNTON BEACH FL ~~33462~~ 33426 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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 ☐ Change ☐ Addition

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 ☐ 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:

*[Signature]* NAT GEOFFREY NOCK JD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00

Date

561-964-6222

Daytime Phone #

CR2F034 (9/99)