

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034932

1. Entity Name

VERDI & ASSOCIATES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90112 032 ***150.00

Principal Place of Business

Mailing Address

1327 PRESERVATION WAY
OLDSMAR FL 34677

1327 PRESERVATION WAY
OLDSMAR FL 34677-4825

2. Principal Place of Business

3. Mailing Address

1170 GOLF BLVD #304
Suite, Apt. #, etc.
#304

1170 GOLF BLVD
Suite, Apt. #, etc.
#304

City & State

City & State

CLEARWATER FL

CLEARWATER FL

Zip

Country

Zip

Country

34677

33767



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3375681

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

VERDI, DIANA C
1327 PRESERVATION WAY
OLDSMAR FL 34677

Name

Street Address (P.O. Box Number is Not Acceptable)

1170 GOLF BLVD #304

City

CLEARWATER

FL

Zip Code

33767

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME VERDI, DIANA C
STREET ADDRESS 1327 PRESERVATION WAY
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Diana Verdi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)