2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000034851**

1. Entity Name

VERITY GROUP, INC.

Principal Place of Business

Mailing Address

May 16, 2000 8:00 am Secretary of State 05-16-2000 90030 010 ***150.00

28741 FALLING LEAVES WAY WESLEY CHAPEL FL 33543		WESLEY CHAPEL FL 33543-5756			6 5	7891			
2. Principal Place of Business		3. Mailing Address							
6279 Sturbridge Ct		6279 Sturbridge Ct			()55()50) ((2)5))((25)) 50))(50))	•	787 1919	-,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	TE IN THIS SPA	CE		
Sarasota, FL		City & State Sava Sota FL		4.	FEI Number 65-0747846		No	plied For t Applicable	
34238	Country Savasofa	34238	Country Saras	50 ta 5.	Certificate of Status Desired		Required		
6. N	ame and Address of Current Re	egistered Agent		7.	Name and Address of New R	egistered Age	nt		
SEARS, LORRIE R 28741 FALLING LEAVES WAY WESLEY CHAPEL FL 33543				Street Address (P.O. Box Number is Not Acceptable) 6219 STARBRIDGE City SARASOTA FL Zip Code 34238					
8. The above named	entity submits this statement for t	he purpose of changing its	<u> </u>	_			<u> </u>	230	
CICNIATI IDE									
SIGNATURE	typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signa	ture required when r	reinstating)	DATE			
9. This corporation is Tax filing requirem (See criteria on ba	After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat		10. Election Campaign Fir Trust Fund Contributio			May Be to Fees		
11,	OFFICERS AND D	IRECTORS	12.		DDITIONS/CHANGES TO OFF		RECTORS	S IN 11	
TITLE P		☐ Delete	TITLE	SECRE	TARY TREASUR	e7— 2	Change	☐ Addition	
NAME LORR	ie r sears		NAME	LORRI	ER SEARS	/ T			
	I FALLING LEAVES WAY		STREET ADDRESS	6279	STURBRIDGE	-C			
	EY CHAPEL FL 33543		CITY-ST-ZIP		SOTA FL 342				
TITLE ST		☐ Delete	TITLE		IDENT	Þ	Change	☐ Addition	
NAME DAVIC) E SEARS		NAME	DAJI	DE. SEARS				
STREET ADDRESS 28741	I FALLING LEAVES WAY		STREET ADDRESS	6270	STURBRIDGE	<i>-</i>			
CITY-ST-ZIP WESL	EY CHAPEL FL 33543		CITY-ST-ZIP	SARF	150TA FL 342	138-37	00_		
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13 I hereby certify th	at the information supplied with the	his filing does not qualify for	the exemption st	ated in Section	119.07(3)(i), Florida Statutes.	I further certify	that the ir	nformation	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORRIE R. SEARS