

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90459 049 ***150.00

DOCUMENT # **P97000034851**

1. Entity Name
VERITY GROUP, INC.



Principal Place of Business **851 Placid Lake** Mailing Address
~~6279 STURBRIDGE CT~~ **Osprey, FL** ~~6279 STURBRIDGE CT~~
~~SARASOTA FL 34238~~ **34229** ~~SARASOTA FL 34238~~

11002336



2. Principal Place of Business **851 Placid Lk Dr** 3. Mailing Address **Same**
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State **Osprey, FL** City & State
Zip **34229** Country **USA** Zip Country

4. FEI Number **65-0747846** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEARS, LORRIE R
6279 STURBRIDGE CT
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name **Lorrie R. Sears**
Street Address (P.O. Box Number Not Acceptable) **851 Placid Lake Dr**
City **Osprey** **FL** Zip Code **34229**

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 DATE **3/27/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	LORRIE R SEARS	Change address to above
STREET ADDRESS	6279 STURBRIDGE CT	
CITY-ST-ZIP	SARASOTA FL 34238-3700	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVID E SEARS	"
STREET ADDRESS	6279 STURBRIDGE CT	
CITY-ST-ZIP	SARASOTA FL 34238-3700	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

3/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)