

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90055 009 \*\*\*150.00

**DOCUMENT # P97000071688**

1. Entity Name  
**RSK VERO, INC.**

Principal Place of Business <b>4410 CASEY LAKE RD          TAMPA FL 33624</b>	Mailing Address <b>4410 CASEY LAKE RD          TAMPA FL 33624</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3465282</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PATEL, JAYESH D          4410 CASEY LAKE RD          TAMPA FL 33624</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PR NAME PATEL, JAYESH STREET ADDRESS 1985 90TH AVENUE CITY-ST-ZIP VERO BEACH FL 32966	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>4410 CASEY LK RD TAMPA, FL 33624</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME PATEL, DILIP STREET ADDRESS 8797 20TH STREET CITY-ST-ZIP VERO BEACH FL 32966	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE O NAME PATEL, RAVI STREET ADDRESS 4601 34TH STREET S. CITY-ST-ZIP ST. PETERSBURG FL 32711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE O NAME PATEL, ARVIN D STREET ADDRESS 734 SOUTH DALE MABRY CITY-ST-ZIP TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE O NAME PATEL, RAMESH STREET ADDRESS 3314 S. DALE MABRY CITY-ST-ZIP TAMPA FL 33609	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **3/5/01** **813-968-3238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)