

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90333 049 ***150.00

DOCUMENT # P97000071688



1. Entity Name
RSK VERO, INC.

Principal Place of Business
**4410 CASEY LAKE RD
TAMPA FL 33624**

Mailing Address
**4410 CASEY LAKE RD
TAMPA FL 33624**



2. Principal Place of Business

3. Mailing Address

2900 International Spdwy. Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Daytona Beach, FL

4. FEI Number **59-3465282**

Applied For
Not Applicable

Zip

Country

Zip

Country

33124

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

**PATEL, DILIP
2900 INTERNATIONAL SPDWY BLVD
DAYTONA BEACH FL 32124**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PR	<input type="checkbox"/> Delete
NAME	PATEL, JAYESH	
STREET ADDRESS	4410 CASEY LAKE RD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATEL, DILIP	
STREET ADDRESS	2900 INT'L SPDWY BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	O	<input type="checkbox"/> Delete
NAME	PATEL, RAVI	
STREET ADDRESS	4601 34TH STREET S.	
CITY-ST-ZIP	ST. PETERSBURG FL 32711	
TITLE	O	<input type="checkbox"/> Delete
NAME	PATEL, ARVIN D	
STREET ADDRESS	734 SOUTH DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	O	<input type="checkbox"/> Delete
NAME	PATEL, RAMESH	
STREET ADDRESS	3314 S. DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
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
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 386-255-0541

Date

Daytime Phone #

CFR2E034 (10/02)