

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

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

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

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 #

CF2E034 (10/02)