

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000094462**

1. Entity Name

VERTICAL HOLDING COMPANY, INC.**FILED**
Apr 27, 2000 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

4910 BLUE LAKE DRIVE**4910 BLUE LAKE DRIVE****#200****#200****BOCA RATON****FL****BOCA RATON****FL****33431****33431**

2. Principal Place of Business

4910 BLUE LAKE DRIVE

3. Mailing Address

4910 BLUE LAKE DRIVE

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

BOCA RATON**FL**

City & State

BOCA RATON**FL**Zip
33431Country
USZip
33431Country
US

4. FEI Number

65-0879852

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DWYER RICHARD RJR.**4910 BLUE LAKE DRIVE****#200****BOCA RATON****FL****33431**

Name

PAYNE THOMAS C

Street Address (P.O. Box Number is Not Acceptable)

4910 BLUE LAKE DRIVE**SUITE 200**

City

BOCA RATON**FL**Zip Code
33431

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 **THOMAS C. PAYNE**

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DWYER RICHARD RJR.	
STREET ADDRESS	4910 BLUE LAKE DR., #200	
CITY-ST-ZIP	BOCA RATON FL 33431	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PAYNE THOMAS C	
STREET ADDRESS	4910 BLUE LAKE DR., #200	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE THOMAS C	
STREET ADDRESS	4910 BLUE LAKE DR., SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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: **THOMAS C. PAYNE**DATE: **04/27/2000**