

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101514

1. Entity Name

BOB VERENNA ENTERPRISES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90070 047 ***150.00

Principal Place of Business

Mailing Address

6077 DANIA ST.
 PALM BCH GARDENS FL 33418

6077 DANIA ST.
 PALM BCH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

8593 WAKEFIELD DRIVE 8593 WAKEFIELD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. FEI Number

65-0880765

Applied For

Not Applicable

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

VERENNA, ROBERT S
 6077 DANIA ST.
 PALM BCH GARDENS FL 33418

Name

VERENNA, ROBERT S.

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

8593 WAKEFIELD DRIVE

City

PALM BEACH GARDENS,

FL

Zip Code

33410

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

Robert S. Verenna Owner/President

4/25/00

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

(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. ☒
 (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 State

10. 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 PO ☐ Delete
 NAME VERENNA, ROBERT S
 STREET ADDRESS 6077 DANIA STREET
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☒ Change ☐ Addition
 NAME 8593 WAKEFIELD DRIVE
 STREET ADDRESS PALM BEACH GARDENS, FL ~~33410~~ 33410
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Robert S. Verenna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 (561) 796-5928

Date

Daytime Phone #

CR2E034 (9/99)