

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101514

1. Entity Name  
BOB VERENNA ENTERPRISES, INC.

Principal Place of Business  
8593 WAKEFIELD DRIVE  
PALM BEACH GARDENS FL 33410

Mailing Address  
8593 WAKEFIELD DRIVE  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business  
4880 SANDDUNE CIRCLE  
Suite, Apt. #, etc.  
APT # 205

3. Mailing Address  
P.O. Box 30876  
Suite, Apt. #, etc.

City & State  
WEST PALM BEACH, FL

City & State  
PALM BEACH GARDENS, FL

Zip  
33410

Country  
USA

Zip  
33420-0876

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

VERENNA, ROBERT S  
8593 WAKEFIELD DRIVE  
PALM BEACH GARDENS FL 33410

## 7. Name and Address of New Registered Agent

Name  
VERENNA, ROBERT S.

Street Address (P.O. Box Number is Not Acceptable)  
4880 SANDDUNE CIRCLE

APT. 205

City  
WEST PALM BEACH

FL

Zip Code  
33417

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 ROBERT S. VERENNA OWNER/PRESIDENT 8/25/01  
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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO VERENNA, ROBERT S 8593 WAKEFIELD DRIVE PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO VERENNA, ROBERT S. 4880 SANDDUNE CIRCLE APT. 205 WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Robert S. Verenna 8/25/01 561-796-5728  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

FILED  
Sep 05, 2001 8:00 am  
Secretary of State

09-05-2001 90011 015 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)