

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026931

VERIFY INFO, INC.

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O JAMES KARL & ASSOCIATES 975 NORTH COLLIER BLVD. MARCO ISLAND FL 34145		Mailing Address C/O JAMES KARL & ASSOCIATES 975 NORTH COLLIER BLVD. MARCO ISLAND FL 34145-2773	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3566760</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  GAL, ALFRED F JR. 975 NORTH COLLIER BLVD. MARCO ISLAND FL 34145	7. Name and Address of New Registered Agent Name <b>JAMES L. KARL, II, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>975 NORTH COLLIER BOULEVARD</b>  City <b>MARCO ISLAND</b> FL Zip Code <b>34145</b>
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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 *James L. Karl* DATE 1/19/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GARLAND, DANIEL B 975 NORTH COLLIER BLVD. MARCO ISLAND FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Daniel B. Garland* DATE 1-21-2000 DAYTIME PHONE # 732-7030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# Verify Info, Inc

850 MAGNOLIA CT  
MARCO ISLAND FL 34145  
800-516-2274

Division of Corporations  
ATTN: Michelle Milligan  
P.O. Box 6327  
Tallahassee, FL 32314

RE P 99 000026931

Michelle,

First, I would like to say thank you for your help with my situation. I'm really not sure what happened but I did submit the required form and payment of 150.00 on January 21 2000. I am not sure weather it got lost on someone desk or lost at the post office but never the less you did receive payment of 150.00. I was notified that there is a late fee of 400.00 owed and I would like to reject this penalty on me and have you wave this because of reasons out of my control. I am enclosing a copy of the report and check.

Please fix this on my records.

If you have any question please feel free to call me at 941-732-7030

Thank you in advance for your help,



Daniel Garland