2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # S06721 Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** VEERMAN & ASSOCIATES, INC. 01-18-2000 90139 024 ***150.00 Principal Place of Business Mailing Address 715 VASSAR ST 715 VASSAR ST ORALNDO FL 32804 ORLANDO FL 32804-4920 2. Principal Place of Business 3. Mailing Address P. O. Box 540026 1241 Golden Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Orlando, FL City & State Or lando, Applied For 4. FEI Number 59-3033617 FL 32854-0026 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32804-7122 **USA** 32854-0026 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ralph D. Veerman (same) VEERMAN, RALPH D. Street Address (P.O. Box Number is Not Acceptable) 1241 Golden Lane 715 VASSAR ST ORLANDO FL 32804 Orlando, FL City 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 Ralph D. Veerman SIGNATURE ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (correction) □ Change ☐ Delete TITLE TITLE VEERMAN, RALPH D. NAME NAME Ralph D. Veerman 715 VASSAR ST STREET ADDRESS STREET ADDRESS 1241 Golden Lane CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Orlando, FL 32804-7122 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Сhange ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

January 8, 2000

Ralph D. Veerman