

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90190 021 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000003782

1. Entity Name
VERSATILE FINANCIAL, INC.



Principal Place of Business
**265 MONTEREY DRIVE
NAPLES, FL 34119**

Mailing Address
**265 MONTEREY DRIVE
NAPLES, FL 34119**

90138430



2. Principal Place of Business

**2368 HERITAGE GREENS
DRIVE**

3. Mailing Address

**2368 HERITAGE GREENS
DRIVE**

☐ CHECK HERE IF MAKING CHANGES

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3617029

Applied For

Not Applicable

Zip

Country

34119

COLLIER

Zip

Country

34119

COLLIER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SURGEN, GAIL A
265 MONTEREY DRIVE
NAPLES, FL 34119**

7. Name and Address of New Registered Agent

Name **MICHAEL D. SURGEN**

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

2368 HERITAGE GREENS DRIVE

City **NAPLES**

FL

Zip Code
34119

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Michael D. Surgen** **MICHAEL D. SURGEN PRESIDENT**

5/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete
NAME **SURGEN, MICHAEL D MR.**
STREET ADDRESS **265 MONTEREY DRIVE**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **SEC** ☐ Delete
NAME **SURGEN, GAIL A MRS.**
STREET ADDRESS **265 MONTEREY DRIVE**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael D. Surgen** **MICHAEL D. SURGEN PRES** **5/28/03** **239-450-0971**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)