

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90321 029 \*\*\*150.00

**DOCUMENT # P00000049274**

1. Entity Name  
**VERSATILE ASSET MANAGEMENT, INC.**

Principal Place of Business <b>C/O JEFFERSON F. RIDDELL, P.A.          3400 S TAMiami TR          SARASOTA FL 34239</b>	Mailing Address <b>C/O JEFFERSON F. RIDDELL, P.A.          3400 S TAMiami TR          SARASOTA FL 34239</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4266 Woodview Drive</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sarasota, Florida</b>	City & State
Zip <b>34232</b>	Country <b>USA</b>

4. FEI Number <b>65-1009451</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RIDDELL, JEFFERSON F  
 3400 S TAMiami TR.  
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City Zip Code

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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 a letter like empowered.

SIGNATURE: COREY M ALLEN PRES Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)