

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000049274

FILED  
Apr 11, 2002 8:00 AM  
Secretary of State

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

**Current Principal Place of Business:**

4266 WOODVIEW DR  
SARASOTA, FL 34232

**New Principal Place of Business:**

3236 SOUTHGATE CIR.  
SARASOTA, FL 34239

**Current Mailing Address:**

C/O JEFFERSON F. RIDDELL, P.A.  
3400 S TAMIAMI TR  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 65-1009451      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIDDELL, JEFFERSON F  
3400 S TAMIAMI TR.  
SARASOTA, FL 34239

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: ALLEN, COREY  
Address: 4266 WOODVIEW DR  
City-St-Zip: SARASOTA, FL 34232

Title: DVS ( ) Delete  
Name: MIRENDA, ADAM  
Address: 4266 WOODVIEW DR  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVS (X) Change ( ) Addition  
Name: MIRENDA, ADAM  
Address: C/O 3236 SOUTH GATE CIR.  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COREY ALLEN

P

04/11/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date