

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90727 002 ***150.00

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AV

DOCUMENT # P01000100912

1. Entity Name
VERSATECH CONSTRUCTION CORPORATION



Principal Place of Business
5008 W. LINEBAUGH AVE., SUITE 47
TAMPA FL 33624

Mailing Address
5008 W. LINEBAUGH AVE., SUITE 47
TAMPA FL 33624



2. Principal Place of Business

111 CHAPMAN RDE
Suite, Apt. #, etc.

3. Mailing Address

111 CHAPMAN RDE
Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Lutz FL

4. FEI Number 59-3751091

Applied For
Not Applicable

Zip

33549 USA

Zip

33549 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, ROBERT L JR.
1311 N. CHURCH AVE.
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name William A. Hunsberger
Street Address (P.O. Box Number is Not Acceptable)
1412 BIG MOSS LAKE RD
City Lutz FL 33558

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 *William A. Hunsberger*
Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-03

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 D
NAME WIDOFF, CRAIG S
STREET ADDRESS 5008 W. LINEBAUGH AVE., SUITE 47
CITY-ST-ZIP TAMPA FL 33624 ☒ Delete

TITLE D
NAME HUNSBERGER, WILLIAM A
STREET ADDRESS 5008 W. LINEBAUGH AVE., SUITE 47
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *William A. Hunsberger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-03 813 761 8895

CR2E034 (10/02)