

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90111 041 ***550.00

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DOCUMENT # P02000111911

1. Entity Name
VERTICAL IT SOLUTIONS INCORPORATED



Principal Place of Business
**8724 TANTALLON CIRCLE
TAMPA FL 33647**

Mailing Address
**8724 TANTALLON CIRCLE
TAMPA FL 33647**

2. Principal Place of Business
**308 South Blvd
2nd Floor**

3. Mailing Address
**308 South Blvd
2nd Floor**

City & State
TAMPA, FL.

City & State
TAMPA, FL.

4. FEI Number
22-3877455

Applied For
☐ Not Applicable

Zip
33606

Country
U.S.A.

Zip
33606

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COHEN, ANDREW'S
8724 TANTALLON CIRCLE
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name **John Riesenburger**
Street Address (P.O. Box Number is Not Acceptable)
**308 South Blvd
2nd Floor**
City **TAMPA, FL** Zip Code **33606**

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 **John C Riesenburger** **John C Riesenburger C.O.O.** DATE **7/10/03**

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANDREW S. COHEN 308 S. BLVD TAMPA, FL. 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JOHN C RIESENBURGER 308 S. BLVD TAMPA, FL. 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 **John C Riesenburger** **John C Riesenburger** DATE **8/15/03** DAYTIME PHONE # **813-289-1300**

CR2E034 (4/03)