1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043463

1. Corporation Name

VERSATILE PROFESSIONAL MANAGEMENT, INC.

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90019 044 ***150.00



Principat Place of Business Mailing Address 18451 SE 72ND AVE 18451 SE 72ND AVE INGLIS FL 34449 INGLIS FL 34449							
					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed 05/12/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 26					65-0754923		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, 27					5. Certifcate of Status Desired	•	Additional equired
City & Stat	City & State	& State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangent Property Tax.	gible Yes	 □No
24	9. Name and Address of Currer		1		10. Name and Address of New Registered Ag	<u> </u>	
		<u>-</u>		31 Name			
VAN HORN, CHERYL A			-	32 Street Add	dress (P.O. Box Number is Not Acceptable)		
18451 S.E. 72 AVENUE				Sileer Aut	The second state of the se		
INGL	JS FL 34449		[8	33			
			1	34 City		85 Zip	Code
			1	1	F <u>L</u> /		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized I	by the corporat	rporation submits this statement for the purpose of chaption's board of directors. I hereby accept the appointment	nenīt as re	egistered
	Signature, typed or printed name of registered age			gent signature requir	red when reinstating) DATE	DIDECT	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	P Van Horn, Cheryl	€ Defete	1.1 TITL	1	_	_	
NAME	18451 SE 72ND AVE			EET ADDRESS			
STREET ADDRESS	INGLIS FL 34449			-ST-ZIP			
CITY-ST-ZIP TITLE	VP	☐ DELETE	2.1 TITL			Change	☐ Addition
NAME	METZ, KATHLEEN		2.2 NAM	İ			
STREET ADDRESS	221 STAGGERBUSH PATH			EET ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS FL 34465		4	Y-ST-ZIP		•	
TITLE		☐ DELETE	3.1 TITL			Change	☐ Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	E	[Change	☐ Addition
NAME			4.2 NAM	Æ Î			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	ST-ZIP			
TITLE		☐ DELETE	5.1 TITL			Change	☐ Addition
NAME			5.2 NAM	1			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CfTY 6.1 TfTL	ST-ZIP		Change	☐ Addition
TITLE			6.2 NAM	1	ı	" or minde	7,400
NAME				EET ADDRESS			
STREET ADDRESS			4	ST-ZIP			
CITY-ST-ZIP	Ť		0.4 0111	-01-41			<u> </u>

CITY-ST-ZIP 14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.