

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059105

1. Entity Name

VERSATEC ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2801 58TH WAY NORTH
ST PETERSBURG FL 33710

2801 58TH WAY NORTH
ST PETERSBURG FL 33710-3337

2. Principal Place of Business

2823 COBBLESTONE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2823 COBBLESTONE DRIVE

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34684

Country

PINELLAS

Zip

34684

Country

PINELLAS

4. FEI Number

59-3455552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, VAN C
2801 58TH WAY NORTH
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, VAN C	
STREET ADDRESS	2801 58TH WAY NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JILL P	
STREET ADDRESS	15624 EASTBOURN DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	BAKER, VAN C	
STREET ADDRESS	2801 58TH WAY NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	P/O/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	SMITH, ANDREW D.	
STREET ADDRESS	2823 COBBLESTONE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Van C Baker* LEVATEC, BAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000

Date

(727) 384-0667

Daytime Phone #

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90047 031 ***150.00

938360



DO NOT WRITE IN THIS SPACE