

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075014

1. Entity Name

VERSALITY MARKETING, INC.

*S/B Versatility
Spelled wrong Plea*

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90171 020 ***158.75

Principal Place of Business

Mailing Address

PO BOX 8644
TAMPA FL 33674

PO BOX 8644
TAMPA FL 33674-8644

2. Principal Place of Business

3. Mailing Address

7820 N. Armenia

P.O. Box 32

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

Odessa FL

Zip

Country

Zip

Country

33604

USA

33556

USA

4. FEI Number

59-388726

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, WANDA F
7820 N ARMENIAN AVE
TAMPA FL 33604

Name: Linda P. Griffin

Street Address (P.O. Box Number is not acceptable)
19601 Crescent Rd

City

Odessa

FL

Zip Code

33556

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME MOORE, WANDA F
STREET ADDRESS PO BOX 8644
CITY-ST-ZIP TAMPA FL 33674

TITLE Vice Pres/Secretary ☐ Change ☐ Addition
NAME WANDA MOORE
STREET ADDRESS P.O. BOX 8644
CITY-ST-ZIP TAMPA, FL 33674

TITLE VD ☒ Delete
NAME KESSLER, SEAN M
STREET ADDRESS 15304 HIDDEN ARBOR CT
CITY-ST-ZIP ODESSA FL 33556

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

TITLE President/Treasurer ☐ Delete
NAME Linda P. Griffin
STREET ADDRESS 7820 N. Armenia Ave.
CITY-ST-ZIP TAMPA, FL 33604

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda P. Griffin
Wanda F Moore

4/1/00

813-935-0593

CR2E034 (9/99)