FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 06, 2000 8:00 am Secretary of State **DOCUMENT # V28856** 1. Entity Name 03-06-2000 90060 030 ***158.75 VERSATECH INDUSTRIES, INC. Principal Place of Billishess Versatech Corporate Center Mailing Address Versatech Industries Inc 1356 NW Boca Raton Blvd Versatech Corporate Center 1356 NW Boca Raton Blud Boca Raton FL 33432 Boca Raton FL 33432 2. Principal Place of Business 3. Mailing Address 1356 M.W. BOCA RATON BIVE 1356 N.W. Boya Ratoir Blvs DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For 65-0327701 BOCA RATON Not Applicable BOCA KATIN \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LENNOX, VINCENT J JR Street Address (P.O. Box Number is Not Acceptable) 1515 N. FEDERAL HWY., #214 **BOCA RATON FL 33432** 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PCEO** Change ☐ Delete TITLE TITLE LENNOX. VINCENT J JR NAME NAME 1356 N.W. BOCA RATON BIW STREET ADDRESS 1515 N FEDERAL HWY STE 214 STREET ADDRESS BOCA RATON, FI 33432 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Delete TITLE TITLE 1356 N.W. BUCA RATIN BIVD TROMBETTA, ANTHONY NAME STREET ADDRESS STREET ADDRESS 1515 N FEDERAL HWY STE 214 BOCA RAMW, F1 33432 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** E]-Change - □ Addition TITLE__~~ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 closure of the corporation or an extended or an extended of the property with an address with a property of the live of the li

Changed, or on an attachment with an address with an other like impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designation of the Phone of Signing Officer or Director