FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

|   |   |                    |  |               | -  | •   |   |                                |                                 |                                       |                 |
|---|---|--------------------|--|---------------|--|---|---|--------------------------------|---------------------------------|---------------------------------------|-----------------|
| DOCUMENT # <b>762654</b> 1. Entity Name                                     |   |                    |  |               |  |   | Aug 07, 2001 8:00 am<br>Secretary of State          |                                |                                 |                                       |                 |
| VENICE  | BAY ADULT PARK, INC.                                |                    |  |               | ,  | (D)   | 08  | 3-07-2001 9000:                | 5 024 ****61                    | .25                                   |                 |
| Principal Plac  | ce of Business                                      | Maili              | ng Address                                   |               |  | (III)   |   |                                |                                 |                                       |                 |
| 149 SERPENTINE DR<br>VENICE FL 34292  |   | 149 8              | 149 SERPENTINE DR<br>VENICE FL 34292         |               |  |   |   |                                |                                 |                                       |                 |
|   |   |                    |  |               |  | i   | 1 (48)() (48)                                       | E Billio ilogo olgo: oliji olo | I <b>e</b> ibii bibik bibil bib | II BIBH BIBH I                        | 1881            |
| 2. Principal Place of Business  |   | <b>3.</b> Ma       | 3. Mailing Address                           |               |  |   |   |                                |                                 |                                       |                 |
| Suite, Apt. #, etc.   |   | s                  | Suite, Apt. #, etc.                          |               |  |   | DO NOT WRITE IN THIS SPACE                          |                                |                                 |                                       |                 |
| City & State  |   |                    | City & State                                 |               |  |   | 4. FEI Number 59-2258014 Applied For Not Applicable |                                |                                 |                                       |                 |
| Zip Country   |   |                    | Zip Cou                                      |               |  | 5. Certificate of Status Desired   \$8.75 Additive Fee Required |   |                                | Additional                      | <u>oabic</u>                          |                 |
|   | 6. Name and Address of Curren                       | t Register         | ed Agent                                     |               | -:   | اند خت=   | 7. Name and Ad                                      | dress of New Regi              | <u>-</u>                        |                                       |                 |
| ÷   |   |                    |  |               | Name   |   |   |                                |                                 |                                       | ٠               |
| STEMPIEN, TED   |   |                    |  |               | Street Address (P.O. Box Number is Not Acceptable) |   |   |                                |                                 |                                       |                 |
| 158 SERPENTINE DR<br>VENICE FL 34292  |   |                    |  |               |  |   |   | •                              |                                 |                                       |                 |
| VENICE F  | L 34292   |                    |  |               | City   |   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,             |                                | FL Zip C                        | ode                                   |                 |
| 8. The above  | named entity submits this statement f               | or the purp        | oose of changing its re                      | egistere      | ed office o  | r registere   | ed agent, or both,                                  | in the state of Florida        |                                 |                                       |                 |
|   |   |                    |  |               |  |   |   |                                |                                 |                                       | 1               |
| SIGNATURE   |   |                    |  |               |  |   |   |                                |                                 |                                       | _               |
|   | Signature, typed or printed name of registered ager | nt and title if ap | plicable. (NOTE:                             | Registered    | d Agent signa                                      | ture required   | when reinstating)                                   |                                | DATE                            |                                       |                 |
| ı   | FU C MON. FFF 10 604 05                             |                    | 6 Floation Com-                              | :             |  |   |   |                                |                                 |                                       | -               |
| FILE NOW: FEE IS \$61.25<br>After September 12, 2001, min. will be \$236.25 |   |                    |  |               |  |   | \$5.00 May Be<br>Added to Fees                      |                                | Check Payab<br>artment of St    |                                       | 1               |
| 7   |   |                    |  |               |  |   |   |                                |                                 |                                       |                 |
| 10.   | OFFICERS AND D                                      | IRECTORS           | Delete                                       | 11.           |  | ^   | DDITIONS/CHAN                                       | GES TO OFFICERS /              | <del></del>                     | <del></del>                           | /               |
| NAME  | PETERSON, RALPH                                     |                    | ☐ Delete                                     | TITLE         |  |   | GWELL.  | CARL                           | Chang                           | pe Ad                                 | idition         |
| STREET ADDRESS  | 150 SERPENTINE DR                                   |                    |  |               | T ADDRESS  | 146   | BAYOU   | DR                             |                                 | •                                     | 1               |
| CITY-ST-ZIP   | VENICE FL   |                    |  | CITY-         | ST-ZIP   | VEN   | ICE FL  | 34292                          |                                 |                                       |                 |
| TITLE   | D   |                    | ☐ Delete                                     | TITLE         |  |   | •   |                                | ☐ Chang                         | je 🔲 Ad                               | ldition         |
| NAME  | SNYDER, SUZANNE                                     |                    |  | NAME          |  |   |   |                                |                                 |                                       |                 |
| STREET ADDRESS  | 156 SERPENTINE DR.<br>VENICE FL                     |                    |  |               | T ADDRESS<br>ST-ZIP                                |   |   |                                |                                 |                                       | <u> </u>        |
| TITLE   | D   |                    | Delete                                       | <b>-</b>      |  |   | -   | 7 5 - Tio Li                   |                                 | - 🗆                                   | - International |
| NAME  | LOSEY, JAMES  |                    | LI Delete                                    | TITLE<br>NAME |  | İ   |   |                                | ☐ Chang                         | e 🗌 Ad                                | amon            |
| STREET ADDRESS  | 154 MORNINGSTAR RD                                  |                    |  |               | T ADDRESS  |   |   |                                |                                 |                                       | 1               |
| CITY-ST-ZIP   | VENICE FL 34292                                     |                    |  | CITY-         | ST-ZIP   |   |   |                                |                                 |                                       | İ               |
| TITLE   | D   |                    | ☐ Delete                                     | TITLE         | •  |   |   |                                | Chang                           | e 🗌 Ad                                | dition          |
| NAME  | BOGGS, LOUIS  |                    |  | NAME          |  |   |   |                                |                                 |                                       |                 |
| STREET ADDRESS  | 143 BAYOU DR.                                       |                    |  |               | T ADDRESS  |   |   |                                |                                 |                                       | İ               |
| CITY-ST-ZIP   | VENICE FL   |                    |  | ₽             | ST-ZIP   |   |   |                                |                                 | · · · · · · · · · · · · · · · · · · · |                 |
| TITLE   | D<br>SHITED WINSTON                                 |                    | ☐ Delete                                     | TITLE         |  | ,   |   |                                | ☐ Chang                         | e 🗌 Ad                                | dition          |
| NAME<br>STREET ADDRESS  | Suiter, Winston<br>153 Serpentine Dr.               |                    |  | NAME          | T ADDRESS  |   |   |                                |                                 |                                       |                 |
| CITY-ST-ZIP   | VENICE FL   |                    |  |               | ST-ZIP   |   |   |                                |                                 |                                       |                 |
| TITLE   | T   |                    | Delete                                       | TITLE         |  | 7/.   | $\mathcal{D}$                                       |                                | Chang                           | e 🔲 Ado                               | dition          |
| NAME  | STEMPIEN, TED                                       |                    | - Dolete                                     | NAME          |  | -   |   | _                              | Cirally                         | د سامس                                | 1000            |
| STREET ADDRESS  | 158 SEPENTINE DR                                    |                    |  |               | T ADDRESS  | 50  | ERPENT  | INE                            |                                 |                                       |                 |
| CITY-ST-ZIP   | VENICE FL   |                    | <u>.                                    </u> | CITY-         | ST-ZIP   |   |   | 34292                          |                                 |                                       |                 |
| 40 11 1   |   |                    |  |               |  |   |   | -                              |                                 |                                       | <del></del>     |

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 617, 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: TEDGS - FINDEN RE

8-2-01 841/485-7925