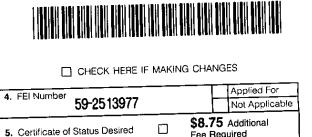
UNIFO	RM BUSI	NESS REPU	KI (UBN)
DOCUMEN  1. Entity Name NEW VENTURE,	т# <b>H51</b>	<del></del> '	
Principal Place of Busin 10 ANASTASIA BLVD ST AUGUSTINE FL 3208/		Mailing Address 10 ANASTASIA BLVD ST AUGUSTINE FL 3:	
2. Principal Place of Bu	usiness	3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6 No	me and Address of C	urrent Registered Agent	
0. 140	<del></del>		Name
HAGLER, KENNET			Street Address

## **FILED** Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90229 034 \*\*\*150.00



7. Name and Address of New Registered Agent

Fee Required

			Name		,			
HAGLER, KENNETH D. THREE PALM ROW		Street Address (P.O. Box Number is Not Acceptable)						
MAILING A	DDRESS (P.O. BOX 4365)					Zip Code		
CT ALICHETIME EL 32085-4365			City		FL			
31 AUGUS	ST AUGUSTINE PE 32000-1000			istered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept				
8. The above the obligation	named entity submits this statement for the purp- ions of registered agent.	ose of changing its re	gistered direct of region					
SIGNATURE	general and the second	rankla (NOTE: E	Registered Agent signature requ	ired when rein	nstating) DATE		_	
010147110112	Signature, typed or printed name of registered agent and title if app	olicable. (NOIC.)	- Togistorou, igoni vig					
ΔHA	IŁE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	Added	May Be to Fees	
	OFFICERS AND DIRECTO	DRS	11.	ADI	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	N 11	
10	1	☐ Delete	TITLE			☐ Change	Addition	
TITLE	PD NORTH NORTH	1 Delete	NAME					
NAME	WERNICKE, NORBERT		STREET ADDRESS					
STREET ADDRESS	10 ANASTASIA BLVD		CITY-ST-ZIP					
CITY-ST-ZIP	ST AUGUSTINE FL	☐ Delete	TITLE	<del></del>	<del></del>	☐ Change	Addition	
TITLE		☐ Delete	NAME					
NAME			STREET ADDRESS					
STREET ADDRESS			CITY-ST-ZIP					
CITY-ST-ZIP		□ Delete	TITLE			Change	☐ Addition	
TITLE		L. Delete	NAME					
NAME			STREET ADDRESS					
STREET ADDRESS			CITY-ST-ZIP					
CITY-ST-ZIP			TITLE			Change	Addition	
TITLE		Delete	NAME					
NAME			STREET ADDRESS					
STREET ADDRESS	S		CITY-ST-ZIP					
CITY-ST-ZIP						☐ Change	Addition	
TITLE	1	☐ Delete	TITLE NAME					
NAME			STREET ADDRESS					
STREET ADDRESS	s		CITY-ST-ZIP					
CITY-ST-ZIP						☐ Change	Addition	
TITLE	T -	☐ Delete	TITLE			_ *		
NAME			NAME STREET ADDRESS					
STREET ADDRES	s		CITY-ST-ZIP					
1	1		₩ VIX1=01=4IF					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #