2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000039828

Entity Name: MCINTOSH VENTURES, INC.

FILED Apr 27, 2003 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
748 LAGOON DR. NORTH PALM BEACH, FL 33408					513 ANCHORAGE DR. NORTH PALM BEACH, FL 33408			
Current Mailing Address:					New Mailing Address:			
748 LAGOON DR. NORTH PALM BEACH, FL 33408				513 ANCHORAGE DR. NORTH PALM BEACH, FL 33408				
FEI Number:	03-0462153	FEI Num	ber Applied For()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
MCINTOSH, CHRISTEL 513 ANCHORAGE DRIVE NORTH PALM BEACH, FL 33408								
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:								
	Electronic	Signatu	re of Registered Agen	t			Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE							S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () C MCINTOSH, STEI 748 LAGOON DR NORTH PALM BE		33408		Title: Name: Address: City-St-Zip:	MCINTOSH, 513 ANCHOR		
Title: Name: Address: City-St-Zip:	P (X) E MCINTOSH, GRE 748 LAGOON DR NORTH PALM BE		33408		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	TV (X) E MCINTOSH, NAN 748 LAGOON DR NORTH PALM BE		33408		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SV () E MCINTOSH, CHR 513 ANCHORAGE NORTH PALM BE	E DR	33408		Title: Name: Address: City-St-Zip:	MCINTOSH, 513 ANCHOR		
Title: Name: Address: City-St-Zip:	D (X) E MCINTOSH, STEI 513 ANCHORAGE NORTH PALM BE	EDRIVE	33408		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTEL MCINTOSH V 04/27/2003