

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90031 017 ***150.00

UBR03100 AV

DOCUMENT # P94000086949

1. Entity Name
IONA VENTURE CORPORATION

Principal Place of Business Mailing Address
17499 MCGREGOR BLVD. **17499 MCGREGOR BLVD.**
FORT MYERS FL 33908 **FORT MYERS FL 33908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0537071 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NAUMANN, MARK
17499 MCGREGOR BLVD.
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	NELLANS, LARRY	
STREET ADDRESS	15065 MCGREGOR BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DUNBAR, ELLEN	
STREET ADDRESS	16998 CAPTIVA DR.	
CITY-ST-ZIP	CAPTIVA FL 33924	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOLA, VANCE	
STREET ADDRESS	2417 WULFERT RD.	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	S	<input type="checkbox"/> Delete
NAME	NAUMANN, MARK	
STREET ADDRESS	17499 MCGREGOR BLVD.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARLTON, RICK W	
STREET ADDRESS	17499 MCGREGOR BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/10/02 **239-491-1333**
Date Daytime Phone #

CR2E034 (9/01)