

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

08-21-2000 90206 032 ***550.00

DOCUMENT # V54556
 1. Entity Name
LARSON VENTURES, INC.

Principal Place of Business Mailing Address
 P O BOX 5435 P.O. BOX 5435, N/A
 DESTIN FL 32541 DESTIN FL 32540
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 2140 Arielle Drive, #410
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Naples, FL 34109
 Zip Country Zip Country

4. FEI Number 59-3141756 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LARSON, ALLAN T
4629 PARADISE ISLE
DESTIN FL 32541

7. Name and Address of New Registered Agent
 Name
Teresa A. Larson
 Street Address (P.O. Box Number is Not Acceptable)
2140 Arielle drive, #410
 City State Zip
Naples FL 34109

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 Teresa Larson Teresa Larson 9/4/2000
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. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARSON, ALLAN T. 4629 PARADISE ISLE DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LARSON, TERESA A. 4629 PARADISE ISLE DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Teresa A. Larson 2140 Arielle Drive, #410 Naples, FL 34109 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 ATTESTED) 8/14/2000 941-593-6431
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)