

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90104 001 \*2,381.25

**DOCUMENT # P98000084103**

1. Entity Name  
**RTG VENTURES, INC.**

Principal Place of Business

**10125 W COLONIAL DR  
 212  
 OCOEE FL 34761  
 US**

Mailing Address

**10125 W COLONIAL DR  
 212  
 OCOEE FL 34761  
 US**

2. Principal Place of Business

**11800 28th St. NO**

3. Mailing Address

**11800 28th St. NO**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

Zip

Country

**33716 USA**

Zip

Country

**33716 USA**

4. FEI Number

**59-3666743**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CAMILLO, JOSEPH  
 10125 W COLONIAL DR  
 SUITE 212  
 OCOEE FL 34761**

7. Name and Address of New Registered Agent

Name

**JOSEPH CAMILLO**

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

**11800 28th St NO.**

City

**St. Petersburg**

**FL**

Zip Code

**33716**

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

**Joseph Camillo**

**3/21/02**

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 **SD** ☐ Delete  
 NAME **CAMILLO, JOSEPH**  
 STREET ADDRESS **10125 W COLONIAL DR #212**  
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE **PD** ☐ Delete  
 NAME **WILKINSON, PAMELA**  
 STREET ADDRESS **10125 W COLONIAL DR #212**  
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☒ Change ☐ Addition  
 NAME **JOSEPH CAMILLO**  
 STREET ADDRESS **11800 28th St. NO.**  
 CITY-ST-ZIP **St. Petersburg, FL. 33716**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Joseph Camillo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/02**

Date

**727-592-0146**

Daytime Phone #

CR2E034 (9/01)