## **2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000029567

**Entity Name: VENTURE PAYMENTS CORP** 

**Current Principal Place of Business:** 

7901 4TH ST N STE 300 ST. PETERSBURG. FL 33702

**Current Mailing Address:** 

4400 MEADOWWOOD WAY TAMPA, FL 33618 US

FEI Number: 82-5010305 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH STREET NORTH SUITE 300 ST.PETERSBURG, FL 33702 US

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: BILL HAVRE 03/10/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D, P Title D, S

NameGOLLER, JAMESNameBRUNSCHWILER, BEATAddress7901 4TH ST N STE 300Address7901 4TH ST N STE 300City-State-Zip:ST. PETERSBURG FL 33702City-State-Zip:ST. PETERSBURG FL 33702

Title D, T

 Name
 HARRIS, REBECCA

 Address
 7901 4TH ST N STE 300

 City-State-Zip:
 ST. PETERSBURG FL 33702

I hereby 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 all other like empowered.

SIGNATURE: GOLLER, JAMES DIF

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

03/10/2021 Date

FILED Mar 10, 2021

**Secretary of State** 

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