

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 464674

1. Entity Name  
VENTURE 74, INC.

Principal Place of Business  
9050 102ND AVE N  
LARGO FL 33777  
US

Mailing Address  
9050 102ND AVE N  
LARGO FL 33777  
US

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 59-1561463

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURD, ROBERT L.  
801 WEST BAY DR  
SUITE 200  
LARGO FL 33770-3267

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME CHOUINARD, ROBERT W.  
STREET ADDRESS 8541 BARDMOOR PLACE N.  
CITY-ST-ZIP SEMINOLE FL ☒ Delete

TITLE DD  
NAME SKILES, DENISE L.  
STREET ADDRESS 9192 MAPLE CT.  
CITY-ST-ZIP LARGO, FL 33777 ☒ Change ☐ Addition

TITLE SD  
NAME CHOUINARD, DEAN  
STREET ADDRESS 9240 122ND TERRACE N.  
CITY-ST-ZIP SEMINOLE FL ☐ Delete

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

TITLE VD  
NAME SKILES, DENISE  
STREET ADDRESS 10272 CYPRESS CIR N  
CITY-ST-ZIP SEMINOLE FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Denise Skiles  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01 398-0876  
Date Daytime Phone #

CR2E034 (10/00)

0375099

FILED  
Apr 05, 2001 8:00 am  
Secretary of State  
04-05-2001 90005 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE