

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90945 036 ***150.00

DOCUMENT # **660311**

1. Entity Name

KEN VENTURI Enterprises, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1232 Orange Ct.
Suite, Apt. #, etc.

3. Mailing Address

161 Waterford Circle
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Marco Island, FL

City & State

Rancho Mirage, CA

4. FEI Number

59-1983581

Applied For

Not Applicable

Zip

334145

Country

USA

Zip

92270

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **KEN VENTURI**

Street Address (P.O. Box Number is Not Acceptable)
1232 Orange Ct.

City **Marco Island** **FL** Zip Code **334145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT. VENTURI, KEN
1232 Orange Ct.
Marco Island, FL 334145

TITLE
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/8/03 **289-394-0102**
Daytime Phone #

CR2E034B (12/02)