

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90022 026 \*\*\*158.75

**DOCUMENT # F02000000185**

1. Entity Name

**BUSINESS VENTURES & SOLUTIONS INC.**



Principal Place of Business

**6726 3RD ST  
JUPITER FL 33458**

Mailing Address

**6726 3RD ST  
JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**11-3634616**

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

**THARPE, ANTHONY  
6726 3RD ST.  
JUPITER FL 33458**

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**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	PCD	<input type="checkbox"/> Delete
NAME	THARPE, ANTHONY	
STREET ADDRESS	6726 3RD ST	
CITY-ST-ZIP	JUPITER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	THARPE, SHARIFOR	
STREET ADDRESS	6726 3RD ST	
CITY-ST-ZIP	JUPITER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	THARPE, RASHIDE	
STREET ADDRESS	6726 3RD ST	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUCHANAN, JACQUELINE	
STREET ADDRESS	113-04-203 ST H	
CITY-ST-ZIP	ALBANS NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ROBERT	
STREET ADDRESS	6115 DENTON DR., STE 124	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAUL, MICHAEL	
STREET ADDRESS	2015 DORCHESTER RD APT 10	
CITY-ST-ZIP	BROOKLYN NY	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melissa Tharpe	
STREET ADDRESS	6726-3rd St.	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Anthony Tharpe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/29/04* *(561) 741-7566*  
Date Daytime Phone #