## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## F97000001345 **DOCUMENT #**

1. Entity Name

GAEDEKE VENTURES, INC.



## **FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90120 024 \*\*\*158.75

2. Principal Place of Business  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S8.75 Additional Fee Required  Name  1. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  City  Street Address (P.O. Box Number is Not Acceptable)  City Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  8. The above named ontity submits this statement for the purpose of changing its registered diffic or registered agent, or both, in the State of Florida. I am familiar with, and acceptate the obligations of registered agent.  SIGNATURE  Systems, typel or primer rainer of registered agent agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS Int.  INT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INT. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  DAIZ  FLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS IN 11  INT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INT. Name and Address of New Registered Agent  INT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INT. Name and Address of New Registered Agent  Addition  Added to Fees  TOT ST. IP  Change Agent  Addition  Added to Fees  Addition  Added to Fees  Addition  Addition  Added to Fees  Addition  Addition  Added to Fees  Addition  Addition	Principal Place of Business 3710 RAWLINS #1000 DALLAS TX 75219		3710	Mailing Address 3710 RAWLINS #1000 DALLAS TX 75219				22001477				
City & State  Country  Screet Address of Status Desired  Regulared Sequence  Screet Address of Status Desired  Regulared Sequence  Screet Address of New Registered Agent  Name  City Corporation System  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  City  City  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  City  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  City  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  City  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  City  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Screet Address (P.O. Box Number is Not Acceptable)	2. Principal	Place of Business	3. Ma	3. Mailing Address						î îirib dinii d	[2001 DATE 4001	
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   Tx   S. 75, Additional Fee Required Fee Req	Suite, Ap	t. #, etc.	Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Country   Country   Country   Country   S. Certificate of Status Desired   S. Se.75 Additional Fee Required	City & Sta	ate	City	City & State			<b>4.</b> F	/5-2666146 H				
CT CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324   8. The above named ontity 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 rume of registered agent.  (NOTE Registered Agent signature required when nimetating)  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  NAME  SARE ADDRESS  OITY-ST-2P  TITLE  VST  STEEL ADDRESS  STREET ADDRESS  STEEL TADRESS  STREET ADDRESS  STREET ADD	Zip	Count	ry Zip		Countr	у	<b>5.</b> C	Certificate of Status Desired	¬ \$	8.75 Add	ditional	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  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 printing name of registered agent and site if applicable. (NOTE Registered Agent algorithm required when reinstating)   Signature, typed or printing name of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, of the obligations of registered agent, of the provided agent.    Signature typed or printing fami		6. Name and Add	dress of Current Register	ed Agent			7. N	lame and Address of New Regis	tered Ag	ent	<del></del>	
1200 SOUTH PINE ISLAND ROAD   PLANTATION FL 33324						Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324    City   FL   Zip Code	C T CORPORATION SYSTEM					Street Add	Irose (PO R	ov Number is Not Acceptable)				
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its 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 it applicable. (INOTE Registered Agent signature required when reinstating)   DATE	1200 SOL	JTH PINE ISLAND P	OAD			Street Address (P.O. Box Number is Not Acceptate						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu	PLANTAT	ION FL 33324										
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS	SIGNATURE		ame of registered agent and title if app	plicable. (NOTE:	: Registered	Agent signature	required when rei	instating)	DATE			
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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 further 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 attagramment with proaddress, with all other like empowered.

**SIGNATURE:** 

01/27/03 Daytime Phone #