

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90089 018 \*\*\*\*61.25

**DOCUMENT # N98000003575**

1. Entry Name

**VENICE PYTHONS, INC.**

Principal Place of Business

Mailing Address

4010 CASEY KEY ROAD  
 NOKOMIS FL 34275

4010 CASEY KEY ROAD  
 NOKOMIS FL 34275

**34196**

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

**65-0849485**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GIUFFRIDA, ALFRED S**  
**4010 CASEY KEY ROAD**  
**NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>GIUFFRIDA, ALFRED S</b>	
STREET ADDRESS	<b>4010 CASEY KEY RD</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, WILLIAM</b>	
STREET ADDRESS	<b>1045 BECKLEY CIRCLE</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, GARY</b>	
STREET ADDRESS	<b>399 MT VERNON DRIVE</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHIPLEY, TIM</b>	
STREET ADDRESS	<b>5888 ELTON RD.</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Bruce COLLISON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1117 DEARDON DR.</b>	
STREET ADDRESS	<b>VENICE FL 34292</b>	
CITY-ST-ZIP		
TITLE	<b>STEVE PAULIAK</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2640 FLOWER Rd.</b>	
STREET ADDRESS	<b>VENICE FL 34293</b>	
CITY-ST-ZIP		
TITLE	<b>BRUCE KINGSBURY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2320 BAL HARBOUR DR.</b>	
STREET ADDRESS	<b>VENICE FL 34293</b>	
CITY-ST-ZIP		
TITLE	<b>DAVE GOODMAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>440 E. BAFFIN DR.</b>	
STREET ADDRESS	<b>VENICE FL 34293</b>	
CITY-ST-ZIP		
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAY SINIBALDI</b>	
STREET ADDRESS	<b>905 NOKOMIS AVE</b>	
CITY-ST-ZIP	<b>VENICE FL 34285</b>	
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 617, 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:

*Alfred S. Giuffrida*

**ALFRED S. GIUFFRIDA**

**1/15/2001**

**941-426-0615**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)