

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90139 032 \*\*\*150.00

0700713 IN

**DOCUMENT # P00000017785**

1. Entity Name  
**VENTURE TEK OF THE EMERALD COAST, INC.**



Principal Place of Business  
**P.O. BOX 168  
PANAMA CITY FL 32402**

Mailing Address  
**P.O. BOX 168  
PANAMA CITY FL 32402**

2. Principal Place of Business  
**P.O. Box 436**

3. Mailing Address  
**P.O. Box 436**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Panama City FL**

City & State  
**Panama City FL**

4. FEI Number  
**59-3628089**

Applied For  
Not Applicable

Zip  
**32402**

Country  
**US**

Zip  
**32402**

Country  
**US**

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

**SLOAN, TIMOTHY J  
427 MCKENZIE AVE  
PANAMA CITY FL 32401**

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **PRICE, RICHARD A**  
STREET ADDRESS **809 BALBOA AVENUE**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

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

TITLE **S** ☐ Delete  
NAME **HUMBOLDT, BRIAN L**  
STREET ADDRESS **11 HARRISON AVE**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

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

TITLE **D** ☐ Delete  
NAME **MCNEIL, SEAN D**  
STREET ADDRESS **416 JENKS AVENUE**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Richard A. Price** PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-03**  
Date

**850-814-0264**  
Daytime Phone #

CR2E034 (10/02)