

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000046175**

1. Entity Name

SIXTH STREET VENTURES, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90002 002 ***150.00

0039277

Principal Place of Business 4421 NW 39TH AVE., STE. 1-2 GAINESVILLE FL 32606	Mailing Address 4421 NW 39TH AVE., STE. 1-2 GAINESVILLE FL 32606
--	--

80037739

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 101 NW 75 th ST Suite, Apt. #, etc. Suite 1 City & State Gainesville, FL Zip 32607 Country USA	3. Mailing Address 101 NW 75 th ST Suite, Apt. #, etc. Suite 1 City & State Gainesville, FL Zip 32607 Country USA
---	---

4. FEI Number 59-3646993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, CARL L 4421 NW 39TH AVE., STE. 1-2 GAINESVILLE FL 32606	7. Name and Address of New Registered Agent Name Amy Howard Street Address (P.O. Box Number is Not Acceptable) 101 NW 75 th ST Suite 1 City Gainesville FL Zip Code 32607
---	---

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 Amy L. Howard DATE 3/7/01
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CARL L 4421 NW 39TH AVE., STE. 1-2 GAINESVILLE FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Amy L. Howard 101 NW 75 th ST, #1 Gainesville, FL 32607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John M. Pla 101 NW 75 th ST, #1 Gainesville, FL 32607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Kish, Jr. 4421 NW 65 th Terrace Gainesville, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kathleen B. Kish 4421 NW 65 th Terrace Gainesville, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy L. Howard DATE 3/7/01 352-331-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)