

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90097 046 ***150.00

DOCUMENT # P00000046175

1. Entity Name
SIXTH STREET VENTURES, INC.



Principal Place of Business
101 NW 75TH ST
SUITE 1
GAINESVILLE FL 32607

Mailing Address
101 NW 75TH ST
SUITE 1
GAINESVILLE FL 32607

2. Principal Place of Business

4907 NW 43rd ST

Suite, Apt. #, etc.
Suite F

City & State
Gainesville, FL

Zip
32606

Country
USA

3. Mailing Address

4907 NW 43rd ST

Suite, Apt. #, etc.
Suite F

City & State
Gainesville, FL

Zip
32606

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3646993**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOWARD, AMY L
101 NW 75TH STREET
SUITE 1
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4907 NW 43rd ST

Suite F

City **Gainesville**

FL

Zip Code **32606**

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 *Amy L Howard* *Amy L Howard, Director*

DATE **1/16/03**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HOWARD, AMY L**
STREET ADDRESS **101 NW 75TH ST., SUITE 1**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4907 NW 43rd ST, Suite F**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** ☐ Delete
NAME **PLA, JOHN M**
STREET ADDRESS **101 75TH ST., SUITE 1**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4907 NW 43rd ST, Suite F**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** ☐ Delete
NAME **KISH, JOHN JR.**
STREET ADDRESS **4421 NW 65TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

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

TITLE **D** ☐ Delete
NAME **KISH, KATHLEEN B**
STREET ADDRESS **4421 NW 65TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

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
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:

Amy L Howard *Amy L Howard*

DATE **1/16/03**

Daytime Phone # **352-331-1111**

CR2E034 (10/02)