

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000071963****1. Entity Name**
VENICE SYSTEMS CONSULTING, INC.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90022 036 ***158.75

Principal Place of Business
1206 SILVER LAKE COURT
VENICE FL 34292**Mailing Address**
1206 SILVER LAKE COURT
VENICE FL 34292**2. Principal Place of Business**
1206 SILVER LAKE COURT
Suite, Apt. #, etc.
VENICE, FLORIDA
City & State**3. Mailing Address**
1206 SILVER LAKE COURT
Suite, Apt. #, etc.Zip
34292 Country
USAZip
34292 Country
U.S.A.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SCHAEFER, JOHN**
1135 PASADENA AVE SOUTH STE 207
ST PETERSBURG FL 33707**4. FEI Number**
65-1027619Applied For
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****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

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 State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, and DIRECTOR
WAYNE E. EAST
1206 SILVER LAKE COURT
VENICE, FLORIDA 34292☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:****Wayne E. East, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan. 2, 2001

Daytime Phone #

941-492-6017

CR2E034 (10/00)