

# 2001. UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91167 008 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000081530

**1. Entity Name**  
 Venture One Online, Inc.

**Principal Place of Business** **Mailing Address**  
 1227 S. Patrick Dr. Same  
 Satellite Beach, FL  
 32937

**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent** **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** *William Klinglesmith* **DATE** 4/27/01

Signature must be 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 to Department of State Make Check Payable**

**10. 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klinglesmith, William	NAME	RITCH WORKMAN
STREET ADDRESS	403 Highway A1A, #211	STREET ADDRESS	1227 S. PATRICK DR.
CITY-ST-ZIP	Satellite Beach, FL 32937	CITY-ST-ZIP	SATELLITE BCH, FL 32937
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SECRETARY
STREET ADDRESS		STREET ADDRESS	JULIA KLINGLESMTTH
CITY-ST-ZIP		CITY-ST-ZIP	403 HWY A1A #211
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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 1.**

**SIGNATURE:** *William Klinglesmith* **DATE** 4/27/01 **Daytime Phone #** 903-8044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)