

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000081530**

1. Entity Name -

VENTURE ONE ONLINE, INC.

Principal Place of Business

Mailing Address

1227 S PATRICK DR
SATELLITE BEACH FL 329371227 S PATRICK DR
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

KLINGLESMTTH, WILLIAM
403 HWY A1A #211
SATELLITE BEACH FL 32937

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, 2002 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
KLINGLESMTTH, WILLIAM
403 HIGHWAY A1A #211
SATELLITE BEACH FL 32937 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WORKMAN, RITCH
1227 S PATRICK DR
SATELLITE BEACH FL 32937 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KLINGLESMTTH, JULIA
403 HIGHWAY A1A #211
SATELLITE BEACH FL 32937 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

321-773-3335

Daytime Phone #

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-27-2002 90273 022 ***150.00

38571



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
VENTURE ONE ONLINE, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
WILLIAM KLINGESMITH

4a Mailing address (room, apt., suite no. and street, or P.O. box)
1227 S. PATRICK DR.

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
SATELLITE BEACH FL

5b City, state, and ZIP code

6 County and state where principal business is located
BREVARD, FLORIDA 32937

7a Name of principal officer, general partner, grantor, owner, or trustee
WILLIAM KLINGESMITH

7b SSN, ITIN, or EIN
312-84-8056

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☐ Partnership

☒ Corporation (enter form number to be filed) ▶ **SS-4**

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☐ Other (specify) ▶

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard ☐ State/local government

☐ Farmers' cooperative ☐ Federal government/military

☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **FLORIDA**

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶ **VENTURE CAPITAL**

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶

10 Date business started or acquired (month, day, year)
FEB 2, 2002

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **NONE TO DATE**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."

Agricultural ☐ Household ☐ Other **2**

14 Check one box that best describes the principal activity of your business.

☐ Construction ☐ Rental & leasing ☒ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker

☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail

☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
VENTURE ONE IS A BROKER OF VENTURE CAPITAL

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶ **WILLIAM KLINGESMITH** Trade name ▶ **LANDMARK REALTY ASSOC. INC.**

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) **APRIL 30, 1997** City and state where filed **MELBOURNE, FL** Previous EIN **59-3455325**

Third Party Designee

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **WILLIAM KLINGESMITH / PRESIDENT**

Signature ▶ **[Signature]** Date ▶

Applicant's telephone number (include area code) **(321) 773-3335**

Applicant's fax number (include area code) **(321) 773-3447**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2001)