

5/21

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90182 025 \*\*\*150.00

**DOCUMENT # P01000009433**

1. Entity Name

THE CONDO STORE OF VENICE, INC.

Principal Place of Business

2205 FLOYD STREET  
SARASOTA FL 34239

Mailing Address

2205 FLOYD STREET  
SARASOTA FL 34239

2. Principal Place of Business

4441 S. TAMiami TRAIL

3. Mailing Address

4441 S. TAMiami TRAIL

Suite, Apt. #, etc.

SUITE # 21

Suite, Apt. #, etc.

SUITE # 21

City &amp; State

SARASOTA, FL

City &amp; State

SARASOTA, FL

Zip

34231

Country

USA

Zip

34231

Country

USA

4. FEI Number

59-3738293

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MIDDLEBROOKS, J. HUGH  
200 SOUTH ORANGE AVENUE  
SARASOTA FL 34236

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
 NAME P  
 STREET ADDRESS SAMS, DONALD H.  
 CITY-ST-ZIP 2205 FLOYD STREET  
SARASOTA, FL 34239

TITLE NAME ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)