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Apr 09, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: A

## **Secretary of State** DOCUMENT # P01000055632 03-12-2002 90278 018 \*\*\*150.00 1. Enlity Name NUVENTURE ENTERPRISES, INC. Principal Place of Business Mailing Address :21408 8151 SOUTH WOODS CIRCLE 3 VINEYARD LANE LINIT'13 CHELMSFORD MS 01824 FORT MYERS FL 33931 2. Principal Place of Business 3. Mailing Address 922 S.E. Place A 13th Place -922 S.E Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For ale Cora FL Cocal ase Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33<u>990</u> 33 19 o JS A USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Zia 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE ☐ Delete TITLE Change Ch ☐ Addition NAME ZEULI, DONA P NAME STREET ADDRESS 8151 SOUTH WOODS CIRCLE UNIT 13 235 S.W. 37th Terrace STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33931 CITY-ST-ZIP Cape Coral FL 33914 ITTLE VD ☐ Delete TITLE NAME BALIOTIS, GEORGE A NAME STREET ADDRESS STREET ADDRESS 235 S.W. 31th Terrace 8151 SOUTH WOODS CIRCLE UNIT 13 CITY-ST-ZIP FORT MYERS FL 33931 CITY-ST-ZIP FL 33914 TITLE Delete mu Change ` Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I nereby 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.

Bench Donafaliulis Zeuli Pres. 2.26.02