2003 FOR PROFIT CORPORATION

FILED Mar 13, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000055632 DOCUMENT # 1. Entity Name 03-13-2003 90065 012 ***150.00 NUVENTURE ENTERPRISES, INC. Principal Place of Rusinoss 958 COUNTRY Club Blud. 958 Country Club Blud Cape Coral, FL-33990 ape Coral 2. Principal Place of Business 3. Mailing Address 958 Country Club Blue 958 Country Club Blud Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Uni+ B UnitB City & State Coral City & State 4. FEI Number Applied For 65-1109872 Cape lopal Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33990 トセピ Fee Required 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 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition ZEULI, DONA P NAME NAME STREET ADDRESS 235 SW 37TH TERRACE STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition **BALIOTIS, GEORGE A** NAME 235 SW 37TH TERRACE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP