

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90034 026 ***150.00

DOCUMENT # P01000072310

1. Entity Name

SOUTH ATLANTIC VENTURES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5700 MEMORIAL HIGHWAY

Suite, Apt. #, etc.

SUITE 111

City & State

TAMPA, FL

Zip

33615

Country

USA

3. Mailing Address

5700 MEMORIAL HIGHWAY

Suite, Apt. #, etc.

SUITE 111

City & State

TAMPA, FL

Zip

33615

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3734483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM P. GREGORY

Street Address (P.O. Box Number is Not Acceptable)

715 SWANN AVENUE

City

TAMPA

FL

Zip Code
33606

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
STREET ADDRESS
CITY - ST - ZIP

D

ALBERT S. KLOPF

5700 MEMORIAL HWY, SUITE 111

TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

JOSEPH B. PLIEGO

5700 MEMORIAL HWY, SUITE 111

TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 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 #

2-25-02 813 884 8431

CR2E034B (12/01)