

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91189 015 ***150.00

DOCUMENT # **PO1000086447** ✓
1. Entity Name
VENTURCAP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2949 WEST S.R. 434		3. Mailing Address 2949 WEST S.R. 434	
Suite, Apt. #, etc. STE 400		Suite, Apt. #, etc. STE 400	
City & State LONGWOOD, FL		City & State LONGWOOD, FL	
Zip 32779	Country SEMINOLE	Zip 32779	Country SEMINOLE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3741759	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

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IN THIS SPACE**

7. Name and Address of Current 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) ☐

January 1 to 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	PRESIDENT WILLIAM R. BERGER 4021 SHADY OAK CT LK MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARIA N. BERGER 4021 SHADY OAK CT LK MARY, FL 32746
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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

4/30/02
Date

407-862-5586
Daytime Phone #

CR2E034B (12/01)