

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-26-2002 90082 045 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000108070**

1. Entity Name

VENETIA BAY EXECUTIVE CENTRE, INC.

Principal Place of Business

901 VENETIA BAY BLVD.
SUITE 250
VENICE FL 34292

Mailing Address

901 VENETIA BAY BLVD.
SUITE 250
VENICE FL 34292

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1154137☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**WHITEMORE, EDWARD E****901 VENETIA BAY BLVD.****SUITE 250****VENICE FL 34292****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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director - Vice President
STREET ADDRESS	Edward E Whitmore
CITY-ST-ZIP	901 VENETIA BAY BLVD SUITE 250
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENICE FL 34292
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director President
STREET ADDRESS	ANNETTE Z P O BOX
CITY-ST-ZIP	901 Venetia Bay Blvd Suite 200
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENICE FL 34292
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

4-5-2002

CR2E034 (9/01)