

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91306 039 \*\*\*150.00

**DOCUMENT # P01000109260**

1. Entity Name  
**VENCON CORP.**



Principal Place of Business  
~~248 S. NOKOMIS AVENUE~~  
~~VENICE FL 34285~~

Mailing Address  
~~POST OFFICE BOX 1806~~  
~~VENICE FL 34284~~

2. Principal Place of Business  
**1242 Pinebrook Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**1242 Pinebrook Way**  
Suite, Apt. #, etc.

City & State  
**Venice, FL**  
Zip  
**34292**  
Country  
**US**

City & State  
**Venice, FL**  
Zip  
**34292**  
Country  
**US**

4. FEI Number **65-1153714**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**PAOLILLO, MARK W**  
~~248 S. NOKOMIS AVENUE~~  
~~VENICE FL 34285~~

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1242 Pinebrook Way**  
City **Venice** FL Zip Code **34292**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/24/03**

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAOLILLO, MARK W POST OFFICE BOX 1806 VENICE FL 34284	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYNOLDS, PAUL 1051 US 41 BYPASS S VENICE FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELIX, MICHAEL 1053 US 41 BYPASS S VENICE FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELIX, RAYMOND 1053 US 41 BYPASS S VENICE FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEACH, TIM 1242 PINEBROOK WAY VENICE FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESJURDUIS, DALE 1242 PINEBROOK WAY VENICE FL 34292	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1242 Pinebrook way</b> <b>Venice, FL 34292</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03** (941) 480-0068

Date

Daytime Phone #

CR2E034 (10/02)