

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 MAY 13 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000115847 1. Entity Name ECOVENTURE SANCERRE, INC.	
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Principal Place of Business 601 BAYSHORE BLVD., STE. 960 TAMPA FL 33606	Mailing Address 601 BAYSHORE BLVD., STE. 960 TAMPA FL 33606
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3760766	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

OELSCHLAEGER, EDWARD R
601 BAYSHORE BLVD., STE. 960
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name
Randolph J. Wolfe

Street Address (P.O. Box Number is Not Acceptable)
100 N. Tampa St. Ste 2700

City
Tampa

FL Zip Code
33602

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 *Randolph J. Wolfe* *Randolph J. Wolfe* DATE 3/17/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		Delete
TITLE	D OELSCHLAEGER, EDWARD R	<input type="checkbox"/>
NAME	601 BAYSHORE BLVD., STE. 960	
STREET ADDRESS	TAMPA FL 33606	
CITY-ST-ZIP		
TITLE	D OELSCHLAEGER, CHRISTOPHER E	<input type="checkbox"/>
NAME	601 BAYSHORE BLVD., STE. 960	
STREET ADDRESS	TAMPA FL 33606	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	300019741273		
CITY-ST-ZIP	05/22/03--01068--001 **1488.75		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Edward R. Oelschlaeger* **Edward R. Oelschlaeger** 3/18/03 **813-251-4868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (10/02)