## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000015503

Entity Name: LA VENTURE, INC

FILED Apr 29, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9912 W. LINEBAUGH AVE. 9912 W. LINEBAUGH AVE. TAMPA, FL 33626 TAMPA, FL 33626 **New Mailing Address: Current Mailing Address:** 3032 JODI LANE PALM HARBOR, FL 34684 FEI Number: 01-0613001 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALI, KIMBERLY 3032 JODI LANE 3032 JODI LANE PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 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: KIMBERLY ALI 04/29/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition LEFEVRE, GEORGE LEFEVRE, GEORGE Name: Name: 10710 PRESERVE LAKE DR. UNIT 304 10157 MONNTAGUE ST Address: Address: TAMPA, FL 33626 City-St-Zip: City-St-Zip: TAMPA, FL 33626 Title: Title: () Delete (X) Change ( ) Addition LEFEVRE, PATRICIA S LEFEVRE, PATRICIA S Name: Name: 10710 PRESERVE LAKE DR. UNIT 304 10157 MONTAGUE ST Address: Address: TAMPA, FL 33626 TAMPA, FL 33626 City-St-Zip: City-St-Zip: Title: Title: SD ( ) Delete SD (X) Change ( ) Addition ALI, KIM ALI, KIMBERLY Name: Name: 3032 JODI LANE 3032 JODI LANE Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: PALM HARBOR, FL 34684 Title: () Delete Title: () Change () Addition ALI, SHAFKAT Name: Name: Address: 3032 JODI LANE Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: Title: () Delete () Change () Addition LEVY, BUDDY J Name: Name: 2109 PALM AVE. SUITE 203 Address: Address: City-St-Zip: TAMPA, FL 33605 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition LEFEVRE, PATRICK Name: Name: Address: Address: 10157 MONTAGUE ST City-St-Zip: City-St-Zip: TAMPA, FL 33626

thé receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE E. LEFEVRE

PD 04/29/2003

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or