

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000030194

FILED  
Apr 23, 2003  
Secretary of State

Entity Name: JOHN VARGAS VENTURES INC.

**Current Principal Place of Business:**

3139 CARA COURT  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

3139 CARA COURT  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 30-0084284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VARGAS, JOHN T  
3139 CARA COURT  
PALM HARBOR, FL 34684

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VARGAS, JOHN T  
Address: 3139 CARA COURT  
City-St-Zip: PALM HARBOR, FL 34684

Title: STD ( ) Delete  
Name: VARGAS, LAURA H  
Address: 3139 CARA COURT  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 the 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: JOHN VARGAS

PD

04/23/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date