## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** P02000063181 **DOCUMENT #** 1. Entity Name



**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90339 023 \*\*\*150.00

VJR VEN	TURES, INC.						
Principal Place 6910 197TH S BRADENTON		Mailing Address 6910 197TH STREET EAST BRADENTON FL 34211		T TERMENI AM EDME MAN DEMM ANN ANN ANN A	111 <b>8 (</b> 1118) 1118) 11891 18		
2. Principal F	Place of Business	3. Mailing Address ア、の、 Box で	72.86				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAK	ING CHANGES		
City & Stat	e	BRADENTON	FL	4. FEI Number 02-0615153		lied For Applicable	
Zip	Country		Country	5. Certificate of Status Desired	\$8.75 Addit		
	6. Name and Address of Current	<del></del>		7. Name and Address of New Register	ed Agent		
CORPORATION SERVICE COMPANY				Name JERRY L. RIGGINS			
1201 HAY	S STREET		Street Address	s (P.O. Box Number is Not Acceptable)	EAST		
TALLAHASSEE PL 32301						ĺ	
			City \$	ADENTON	Zip Code 342	,,	
	named entity submits this statement for lions of registered agent.	r the purpose of changing its rec	gistered office or regist	area agent, or both, in the state of Florida. To			
SIGNATURE .	Signature, typed or printed name of registered agent a	I 64105 PRES.	egister d Agent signature requir	ed when reinstating) DAT	ſĔ	<u> </u>	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		Election Campaign Financing     Trust Fund Contribution.	\$5.00 Added t	May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGINS, JERRY L P.O. BOX 9286 BRADENTON FL 34206	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGINS, VICKI J P.O. BOX 9286 BRADENTON:FL 34206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha⊓ge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME + STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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:**