

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90760 014 ***150.00

DOCUMENT # P02000063901

1. Entity Name
VENICE VENTURES, INC.



Principal Place of Business
746 SAWGRASS BRIDGE ROAD
VENICE FL 34292

Mailing Address
746 SAWGRASS BRIDGE ROAD
VENICE FL 34292

2. Principal Place of Business
746 SAWGRASS BRIDGE RD
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
VENICE FL
Zip **34292** **Country** **USA**

City & State
FLORIDA
Zip **Country**

4. FEI Number
82-0550082 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
AIA CORPORATE SERVICES INC. VENETIA T. XISTRIS
218 SOUTHERN COUNTRY LANE 746 SAWGRASS BRIDGE RD.
QUINCY FL 32351 **VENICE, FL 34292**

7. Name and Address of New Registered Agent
Name **TOULA VENETIA XISTRIS**
Street Address (P.O. Box Number is Not Acceptable) **746 SAWGRASS BRIDGE RD.**
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 *Toula Venetia Xistris*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/30/03**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS XISTRIS, VENETIA T 746 SAWGRASS BRIDGE ROAD VENICE FL 34292 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT XISTRIS, COSTA D 746 SAWGRASS BRIDGE ROAD VENICE FL 34292 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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: *Toula Venetia Xistris* **President** **3/30/03** **944-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **412-1108**
Date Daytime Phone #

CR2E034 (10/02)