## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # P02000125224

1. Entity Name

Principal Place of Business

2235 GREENBACK CIR #204

VERY SPECIAL ADVENTURES, INC.



**FILED** Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90051 047 \*\*\*150.00

SIGITATION

2. Principal Place of Blus neess   3. Mainry Actiness    Sulfe, Apt. 4; etc.   Sulfe, Apt. 4; etc.   City & State    City & State   City & State    City & State   City & State    Zip   Country   Zip   Country    S. Name and Address of Current Registered Agent    F. Name and Address of New Registered Agent	2235 GREENBACK CIR #204 NAPLES FL 34112				2235 GREENBACK CIR #204 NAPLES FL 34112				•			14841 B)41 4844	
City & State    City & State   City & City & State   City & City & State   City & City & City & State   City &	2. Principal Place of Business			3. Ma	3. Mailing Address								
Zip Country	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Series Appelle Debut   Special Country   Special	City & State			City	City & State				0110000				
ENORECHT, SHAWN 2235 GREENBACK CIR #204 NAPLES R. 34112  6. The above named entity submits this statement for the purpose of changing its registered of spent. The above named entity submits this statement for the purpose of changing its registered of spent. The obligations of registered agent. The obligations of registered agent. The obligations of registered agent are printed from the purpose of changing its registered of spent. The obligations of registered agent. The obligations of registered agent are printed from of implement operand the purpose of changing its registered of spent. The obligations of registered agent. The obligations of registered agent are printed from the purpose of changing its registered of spent. The purpose of printed from the purpose of changing its registered of spent. The purpose of printed from the	Zip	Country Zip				Cour	ntry	5.		<u> </u>	8.75 Ad	Iditional	-
ROBERCHT, SHAWN 2235 GREENBACK CIR #204 NAPLES FL 34112  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sate of Fonda. I am tamtiser with, and accept the obligations of registered agent.  SIGNATURE    Signification came of unjusient agent and the flagshcabe.   (MOTE Registered Agent agents) when rescaled)   DATE   Signification came of unjusient agent and the flagshcabe.   (MOTE Registered Agent agents) when rescaled)   DATE   Signification came of unjusient agent and the flagshcabe.   (MOTE Registered Agent agents) when rescaled)   DATE   Signification came of unjusient agent and the flagshcabe.   (MOTE Registered Agent agents) when rescaled)   DATE   Signification came of unjusient agent and the flagshcabe.   (MOTE Registered Agent agents) when rescaled   DATE   Signification came of unjusient agent and the flagshcabe.   (MOTE Registered Agent agents) when rescaled   DATE   Signification came of unjusient agent and the flagshcabe.   (MOTE Registered Agent agents) when rescaled   DATE   Signification came of unjusient agent and the flagshcabe.   (MOTE Registered Agent agents) when rescaled   DATE   Signification came of unjusient agent agen		6. Name	and Address of Curr	ent Registere	Registered Agent			7.	Name and Address of New Regis				┥
APPLES FL 34112  Since Address (P.D. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code			· · · · · · · · · · · · · · · · · · ·		_		Name		<u> </u>			<del></del>	7
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu					Street Addr								
8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signat	NAPLES F	L 34112		,									1
SIGNATURE    Signature   Sometime   Signature   Signat							1 1				1		1
Supermove, protect or protected appear agent and stell it applicable   NOTE   Registered Appear segretarises   NOTE   NOTE   Registered Appear segretarises   NOTE   Registered Appear segretarises   NOTE   Registered Appear segretarises   NOTE   NOTE   Registered Appear segretarises	8. The above the obligat	named entity tions of regist	y submits this statemer ered agent.	nt for the purp	ose of changing its	register	ed office or regi	istered aç	gent, or both, in the State of Florida	. I am fan	niliar with,	and accept	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature typed	Or printed name of registered as	gent and title if non	fachle (NOTE	- D				_		<del></del>	}
After May 1, 2003 Fee will be \$550.00 May Bo Make Check Payable to Florida Department of State  10.	1,51,4			gent and the ii app	incable. (NOTE	:: Registere	o Agent signature rec	ured when r	reinstating)	DATE			╛
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE BNOBERCHT, SHAWN 235 GREENBACK CIR #204 NAPLES FL 34112  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				<b>.</b>					9. Election Campaign Financi	ла	\$5.0	May Bo	1
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Make Check	Payable to	Florida Departmen	t of State					Trust Fund Contribution.				
TITLE NAME SIRGET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	10.		OFFICERS A	ND DIRECTO	RS	11.		ΑĽ	L ODITIONS/CHANGES TO OFFICER	S AND D	RECTOR	S IN 11	+
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	TITLE	E						1;
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE		ENGBRECH	HT, SHAWN										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	NAPLES FL	NBACK CIR #204 L 34112										
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	TITLE					 ] Change	Addition	13
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP											_	_	1
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP							4						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete						] Change	Addition	1
CITY-ST-ZIP			mark to the					٠٠ حد د د	The second section of the second	~~		للوسيد أومعيد	نسه  .
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP									•			
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ſ		-	•	☐ Delete	TITLE					] Change	Addition	1
CITY-ST-ZIP	I												
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP	I												
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	7.			□ Delete	-					Change	☐ åddition	
CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP										<b></b>	Orizinge	Las Modition	
TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP	- 1												
NAME STREET ADDRESS CITY-ST-ZIP Crange Addition NAME STREET ADDRESS CITY-ST-ZIP	<del></del>	· · · · · · · · · · · · · · · · · · ·			Delete	╂					Chara		
CITY-ST-ZIP CITY-ST-ZIP	NAME				Onlete		1				ымпе	MOUTION	
511-51-51						STREE	T ADDRESS						
	<u>-</u> I,	artifu that the	information	Calc alc to for									

12 indicated on this report or supplied with this lifting does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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:

ENGERECHT