

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

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

05-01-2003 90820 031 ***150.00

DOCUMENT # P02000131335

1. Entity Name

VENETIAN CUSTOM HOMES, INC.



DO NOT WRITE IN THIS SPACE

80102530

2. Principal Place of Business

25070 ROLAND LANE

Suite, Apt. #, etc.

3. Mailing Address

25070 ROLAND LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

4. FEI Number

54-2087662

Applied For

Not Applicable

Zip

33955

Country

USA

Zip

33955

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STEVEN M. ARMOUR

Street Address (P.O. Box Number is Not Acceptable)

25070 ROLAND LANE

City

PUNTA GORDA

FL

Zip Code

33955

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, V-P, Sec, Treas
STEVEN M. ARMOUR
25070 ROLAND LANE
PUNTA GORDA, FL 33955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Armour 4/28/03 941-575-4499

Date

Daytime Phone #

CR2E034B (12/02)