

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90120 017 \*\*\*150.00

**DOCUMENT # P92000003365**

1. Entity Name

**B&V VENTURES, INC.**

Principal Place of Business

**BARDMOOR VILLAGE  
 10801 STARKEY RD. STE. 106  
 LARGO FL 33777  
 US**

Mailing Address

**BARDMOOR VILLAGE  
 10801 STARKEY RD. STE. 106  
 LARGO FL 34647**

**00023130**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3155684**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT E. JULIEN  
 1001 STARKEY RD  
 #465  
 LARGO FL 33771**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME JULIEN ROBERT, E  
 STREET ADDRESS 1001 STARKEY RD, 465  
 CITY-ST-ZIP LARGO FL 33771

TITLE S/T ☐ Change ☒ Addition  
 NAME Julien, Karen  
 STREET ADDRESS 1001 Starkey Rd #465  
 CITY-ST-ZIP Largo, FL 33771

TITLE VP ☐ Delete  
 NAME JULIEN, VINCE E  
 STREET ADDRESS 18716 63RD AVE E  
 CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Karen Julien, Sec.* **KAREN JULIEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/01 727/397-9010

Date

Daytime Phone #

CR2E034 (10/00)