

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90160 005 ***150.00

DOCUMENT # P93000053695

1. Entity Name

ADVENTURE VENTURES OF NORTH FLORIDA, INC.

Principal Place of Business

101 NW 75 ST
 STE 1
 GAINESVILLE FL 32607
 US

Mailing Address

101 NW 75 ST
 STE 1
 GAINESVILLE FL 32607
 US

2. Principal Place of Business

3901 SW 20th AVE
 Suite, Apt. #, etc.
 #901

3. Mailing Address

3901 SW 20th Ave.
 Suite, Apt. #, etc.
 #901

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32607

USA

Zip

32607

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3195421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PUGH, MERRILL
 101 NW 75 ST
 STE 1
 GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name
 Pugh, Merrill
 Street Address (P.O. Box Number is Not Acceptable)
 3901 SW 20th Avenue
 Ste. 901
 City Gainesville FL Zip Code 32607

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, 2002 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PUGH, MERRILL	
STREET ADDRESS	101 NW 75 ST, STE 1	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PLA, JOHN	
STREET ADDRESS	5811 NW 59 TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pugh, Merrill	
STREET ADDRESS	3901 SW 20th Avenue, Ste. 901	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 352-692-0591
 Date Daytime Phone #

CR2E034 (9/01)