

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90023 003 ***150.00

DOCUMENT # P94000014662..

1. Entity Name

VENUS MEDICAL, INC.

Principal Place of Business

**40166 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689
US**

Mailing Address

**40166 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689
US**

2. Principal Place of Business

951 Lucas Ln.
Suite, Apt. #, etc.

3. Mailing Address

951 Lucas Ln
Suite, Apt. #, etc.

City & State

Oldsmar FL

City & State

Oldsmar FL

4. FEI Number

59-3227380

Applied For

Not Applicable

Zip

34677

Country

US

Zip

34677

Country

US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOWE, MICHAEL A III
40166 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name

Michael Howe

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

951 Lucas Ln

City

Oldsmar**FL**

Zip Code

34677

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

Michael Howe**2-26-01**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PDC			
	HOWE, MICHAEL A. I			
	2120 W. INA RD., SUITE 102			
	TUCSON AZ			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. 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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-26-01

Daytime Phone #

727-785-5721

CR2E034 (10/00)