

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90126 043 ***150.00

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1. Entity Name
VENICE ENTERPRISES INC.



Principal Place of Business
**C/O SHERWOOD
648 LAKE BLVD
WESTON FL 33326
US**

Mailing Address
**C/O SHERWOOD
648 LAKE BLVD
WESTON FL 33326
US**



2. Principal Place of Business
754 SAN REMO DR
Suite, Apt. #, etc.

3. Mailing Address
C/O DORTCH
754 SAN REMO DR
Suite, Apt. #, etc.

City & State
WESTON, FL
Zip
33326 Country
USA

City & State
WESTON, FL
Zip
33326 Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0471164

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHERWOOD, PAMELA
648 LAKE BLVD.
FT. LAUDERDALE FL 33326**

7. Name and Address of New Registered Agent

Name
CLAIRE DORTCH
Street Address (P.O. Box Number is Not Acceptable)
754 SAN REMO DR
City
WESTON FL Zip Code
33326

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 **CLAIRE DORTCH**
Signature, typed or printed name of registered agent and title if applicable

Claire Dortch
(NOTE: Registered Agent signature required when reinstating)

2/5/03
Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SHERWOOD, PAMELA ☒ Delete
648 LAKE BLVD.
WESTON FL 33326

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D DORTCH, CLAIRE ☐ Delete
754 SAN REMO DR
WESTON FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
754 SAN REMO DRIVE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

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

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

SIGNATURE: **CLAIRE DORTCH, DIR** **2/5/03** **934-384-1499**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)