

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044800

1. Entity Name
RFO Ventures, Inc

Principal Place of Business
3407 SW Bessey Cr. Trail
Palm City FL 34990

Mailing Address
3407 SW Bessey Creek Tr.
Palm City FL 34990

see computer printout

FILED
00 JUN 15 PM 1:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business
3407 SW Bessey Creek Trail
 Suite, Apt. #, etc.

3. Mailing Address
3407 SW Bessey Creek Trail
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm City FL

City & State
Palm City FL

4. FEI Number
65-0497523

Applied For
☐ **Not Applicable**

Zip
34990

Country
USA

Zip
34990

Country
USA

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

6. Name and Address of Current Registered Agent
Corporate Creations International Inc.
4521 PGA Blvd. Suite 211
Palm Beach Gardens, FL 33418

7. Name and Address of New Registered Agent
Corporate Creations International Inc.
8895 N. Military Trail #202 D
Palm Beach Gardens FL 334106266

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 Jiffany L. Owen, Assistant Secretary, Corporate Creations 5-31-00
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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>Olson, Richard F</u> <u>3407 SW Bessey Creek Trail</u> <u>Palm City FL 34990</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>300003314193--5</u> <u>-07/06/00--01004--025</u> <u>****150.00 ****150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP ST</u> <u>Olson, Mildred W.</u> <u>3407 SW Bessey Creek Trail</u> <u>Palm City FL 34990</u>	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Mildred W. Olson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (9/99)