

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90005 021 ***150.00

0285631

DOCUMENT # P94000051400

1. Entity Name

VENTURE MARINE, INC.

Principal Place of Business

C/O ROGER MCCASLIN
1480 W. 53RD STREET
W. PALM BEACH FL 33407

Mailing Address

C/O ROGER MCCASLIN
1480 W. 53RD STREET
W. PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0505779**

Applied For
Not Applicable

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

~~MCCASLIN, ROGER~~
1480 W. 53RD STREET
W. PALM BEACH FL 33407

Name **Robert Sparks**

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

1480 W. 53rd Street

City **West Palm Beach, FL**

Zip Code **33407**

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	POGER MCCASLIN	
STREET ADDRESS	14121 TEMPLE BLVD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROBERT SPARKS	
STREET ADDRESS	941 POPLAR DR	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	E-LLWYD ECCLESTONE III	
STREET ADDRESS	357 HIAH DR.	
CITY-ST-ZIP	PALM BEACH GARDEN 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/CEO	<input checked="" type="checkbox"/> Change	Addition
NAME	Robert Sparks		
STREET ADDRESS	941 POPLAR DR.		
CITY-ST-ZIP	LAKE PARK, FL		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-01 561-845-8557

Date

Daytime Phone #

CR2E034 (10/00)