2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000051400 **DOCUMENT#**



FILED Jan 21, 2003 8:00 am Secretary of State

1. Entity Name VENTURE MARINE, INC.					01-21-2003 902	226 010 ***15	0.00
C/O ROGER 1480 W. 53RI		Mailing Address C/O ROGER MCCASLIN 1480 W. 53RD STREET W. PALM BEACH FL 33407					
Suite, Apt	. #, etc.	rd Str	eet	CHECK HERE IF M.			
City & Sta	Palm Beach, Fe	City & State WeSt Palm	Beach),FL 4.	65-0505779		oplied For ot Applicable
32107 Beach Zip 33407 Rum Beach 5. Certificate of Status Desired Fee Required							
	6. Name and Address of Current Re	gistered Agent		7.1	Name and Address of New Regist	ered Agent	
SPARKS,		Street Address (4.0. Box Number is Not Acceptable)					
	53RD STREET BEACH FL 33407						
*** *******		City West Fum Boach FL Zip Code 7					
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 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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financin Trust Fund Contribution.		O May Be
10.	OFFICERS AND DIR	RECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ROBERT SPARKS 941 POPLAR DR LAKE PARK FL	, No Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- / A	res yccaslin lake Dr. ADL#	□ Enange	Addition
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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.

CITY-ST-ZIP

SIGNATURE:

Roger McCashil-06-03 561-845-855