

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P 94000058499

TIRA MISU VENTURES, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

330 8TH AV. N

3. Mailing Address

330 8TH AV. N

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

TIERRA VERDE FLORIDA

City & State

TIERRE VERDE FLORIDA

Zip

Country

33715

Zip

Country

33715

4. FEI Number

59-3259040

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

SMITHSON, LISA
THE TIDES, SUITE 750
1901 ULMERTON ROAD
CLEARWATER, FL 33762

Name

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

City

FL

Zip Code

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

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

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WARD, MICHAEL
330 8TH AVENUE N UNIT 3
TIERRA VERDE, FL 33715

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
WARD, SUSANNE
330 8TH AVENUE N UNIT 3
TIERRA VERDE, FL 33715

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SMITHSON, LISA

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1901 ULMERTON ROAD, SUITE 750
CLEARWATER, FL 33762

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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

SUSANNE WARD

4-11-01

727-8662782

Date

Daytime Phone #

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90405 024 ***150.00

00043387

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)