2002 UNIFORM BUSINESS REPORT (UBR)

P94000085094

DOCUMENT #

1. Entity Name
VENTURE TECH, INC.

Principal Place of Business

1439 RIVERGATE DR.

Mailing Address

1439 RIVERGATE DR.

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2. Principal P			3. Mailing Address 111 WATERWAY RD.				I (E DY) GB ! IYA IDTII DYDIT	INITE COTE SELLE DOINT II	ilaı birili Asita	IEIKI BIBI IBBI	
III WATERWAY RD. Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State City & State							TEL NI			unlied For	
ROYAL PI	44M BC	CH, FL	ROYAL PALM BCH., FL			4. 1	FE! Number 59-328	7012		oplied For of Applicable	
Zip 3341	Country PALM BEACH		Zip 	Country PALM	BEAC	CH 5. (Certificate of Status Des		8.75 Add		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent											
Name									~ ~~~~	·	
THOMPSON, PETER L					Street Address (P.O. Box Number is Not Acceptable)						
1439 RIVERGATE DRIVE											
JACKSONVILLE FL 32256											
*				-	City			FL	Zip Cod	e	
8. The ab: Finamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.											
SIGNATURE [Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, 2002 Fe							10. Election Campai	gn Financing	\$5.0	0 мау Ве	
(See criter		2002 Fee will be \$550.00 vable to Department of Sta			Trust Fund Contr	ibution. \square		I to Fees			
11.	OFFICERS AND DIRECTORS			12.				OFFICERS AND	DIRECTOR	S IN 11	
TITLE	DPST	M DETER I	☐ Delete	TITLE		DPST	CON DETCH	,	Change	Addition	
NAME STREET ADDRESS)n, peter l Ergate dr.		NAME 7		THOMY	SON, PETER TERWAY RD				
CITY-ST-ZIP		VILLE FL 32223		CITY-S							
TITLE	V		□ Delete	TITLE		V.	PALM BEACH,	FC JJ71	<u>r</u> ∑£Change	Addition	
NAME	PIPER, JU	INE B	L_J Detete	NAME	}	PIPER.	TUNE B.		Change		
STREET ADDRESS		RGATE DR		STREET	ADDRESS	III W	ATERWAY R	b.			
CITY-ST-ZIP	JACKSON	VILLE FL 32223		CITY-S	T-ZIP	ROYAL F	JUNE BI ATERWAY R PALM BEACH	FL, 33	411		
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAME	- [Į	
STREET ADDRESS				STREET CITY-S	ADDRESS						
CITY-ST-ZIP					1-217				<u></u>		
TITLE Name			☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS					ADDRESS					{	
CITY-ST-ZIP				CITY-S	i						
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAME							
STREET ADDRESS				STREET	ADDRESS					Ì	
CITY-ST-ZIP				CITY-S	T-ZIP						
TITLE		-	☐ Delete	TITLE					☐ Change	Addition	
NAME				NAME							
STREET ADDRESS					ADDRESS					Ì	
CITY-ST-ZIP	<u></u>			CITY-S	1-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

January 9, 2002 561-792-3065

Dayline Phone #

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