

FILED
Jul 22, 2003 8:00 am
Secretary of State
07-22-2003 90049 028 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P95000016276
1. Entity Name	VENTUR RESEARCH AND DEVELOPMENT CORPORATION



Principal Place of Business 340 MYSTICAL WAY SAINT AUGUSTINE FL 32080	Mailing Address 1069 LAUREL GROVE COURT SUWANEE GA 30024
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2. Principal Place of Business	3. Mailing Address 340 MYSTICAL WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL
Zip 32080	Zip 32080

4. FEI Number 59-3324370	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOGAN BRYAN, LINDA ESQ. 97 ORANGE STREET ST. AUGUSTINE FL 32084
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7. Name and Address of New Registered Agent 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. 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)

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FUSSELL, DAVID A 1069 LAUREL GROVE COURT SUWANEE GA 30024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT GIBBONNEY, JAMES W JR. 3910 DIAL MILL ROAD CONYERS GA 30208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO RICE, JAMES 9130 SHETLAND TRACE JASPER GA 30143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO BRYAN, William J. 340 MYSTICAL WAY ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, WALTER 8F, NO. 55, YANG KWANG STREET TAIPEI, TAIWAN NEI- HUY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESBITT, STEVE W 12 STUYESANT ROAD ASHEVILLE NC 28803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Woodrow 250 Fiddlers Point ST. AUGUSTINE, FL 32080

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.	
SIGNATURE: <u>William J. Bryan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>7/8/03</u> Daytime Phone #: <u>1-904-471-3680</u>

CR2E034 (4/03)