## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 02, 2001 08:00 AM P96000015382 DOCUMENT # 1. Entity Name **Secretary of State** FIRST VENTURE ENTERPRISES, INC. Principal Place of Business Mailing Address 27839 US HIGHWAY 19 NO. GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DR., W. CLEARWATER FL ST. PETERSBURG FL 34621 337022460 2. Principal Place of Business 3. Mailing Address 27839 US HIGHWAY 19 NORTH KRESS BUILDING, SUITE MS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 475 CENTRAL AVENUE City & State City & State 4. FEI Number Applied For CLEARWATER FL ST. PETERSBURG FL. 59-3360832 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33761 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MYERS DAVID 27839 US HWY 19 NORTH Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL33761 US 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 04/02/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE ☐ Delete TITLE ☐ Addition X Change MAME MYERS DAVID NAME MYERS DAVID 27839 US HIGHWAY 19 NORTH STREET ADDRESS STREET ADDRESS 27839 US HIGHWAY 19 NORTH CLEARWATER CITY-ST-ZIP FL 34621 CITY-ST-ZIP CLEARWATER ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: \_\_DAVID L, MYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/2001

Daytime Phone #

Date

CR2E034 (11/00)