FILED
Jun 19, 2002 8:00 am
Secretary of State
05-13-2002 90090 031 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092094

1. Entity Name
W.V.VENTURES, INC.

35955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9915 ADAMO DRIVE EAST		9915 ADAMO DRIVE EAST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA, FL		City & State: TAMPA, FL	
Zip: 33619	Country: US	Zip: 33619	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3412740 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name J. SCOTT TAYLOR PA
Street Address (P.O. Box Number is Not Acceptable) 2909 W BAY TO BAY BLVD #403
City TAMPA FL Zip Code 33629

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 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD NAME WENDKOS, JOHN STREET ADDRESS 9915 ADAMO DRIVE EAST CITY-ST-ZIP TAMPA, FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VD NAME VERA, DAVID STREET ADDRESS 2407 VALRICO FORREST DRIVE CITY-ST-ZIP VARICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] DAVID VERA 4-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1W1140 1.000