2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092094

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

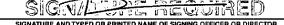
FILED Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90182 034 ***158.75

| Principal Place of Business 9915 ADAMO DRIVE EAST TAMPA FL 33619 US | | Mailing Address 9915 ADAMO DRIVE EAST TAMPA FL 33619 US | | | | | | | | | |
|--|--|--|------------------------|-----------|----------------------|---|-----------------------------------|----------------|-----------------------------|--------------------|--|
| 2. Principal F | Place of Business | 3. Mailing Address | | | | | | | IE 11311 8011E 1 | 0111 0101 1001 | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | ☐ CHECK HERE | IF MAKING (| CHANGES | | |
| City & Stat | e | City & State | | | 4 | 59-3412740 |) | | oplied For ot Applicable | | |
| Žip | Zip Country | | Zip Count | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| | 6. Name and Address of Current | Registere | d Agent | · · · · | | 7. | . Name and Address of New | Registered Aç | jent | | |
| | | | | | Name | | | | | | |
| - | J. SCOTT PA BAY TO BAY BLVD. | | 5 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SUITE 403 | | | | | | | | | | | |
| TAMPA FL 33629-8177 | | | | | | ··· | | T = - | | | |
| IMMERIC | . 00020 TFT.: | | | | City | | | FL | Zip Code | e | |
| | named entity submits this statement for | or the purpo | ose of changing its re | gistere | ed office or regis | stered a | agent, or both, in the State of F | orida. I am fa | miliar with, | and accept | |
| | \$ | | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if appl | cable. (NOTE: R | egistered | Agent signature requ | uired whe | n reinstating) | DATE | | | |
| · | ILE NOW!!! FEE IS \$150.00 | | 11 | | | | | | | | |
| | May 1, 2003 Fee will be \$550.00 | | | | | | 9. Election Campaign F | | | May Be | |
| | c Payable to Florida Department o | f State | | | | | Trust Fund Contribution | لبية ١١١. | Added | i to Fees | |
| 10. | OFFICERS AND DIRECTORS | | | 11. | | | ADDITIONS/CHANGES TO OF | FICERS AND D | DIRECTORS | S IN 11 | |
| TITLE | PD | ☐ Delete | | TITLE | | | | | ☐ Change | Addition | |
| NAME | WENDKOS, JOHN | | | NAME | | | | | | } | |
| | 9915 ADAMO DRIVE EAST | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | TAMPA FL 33619 | | | CITY- | -ST-ZIP | | | | | | |
| TITLE | VD | | ☐ Delete | TITLE | | | | 1 | Change | ☐ Addition | |
| NAME | VERA, DAVID 2407 VALRICO FORREST DR | | | NAME | ET ADDRESS | | | | | } | |
| STREET ADDRESS CITY-ST-ZIP | VARICO FL 33594 | | | | ST-ZIP | | | | | | |
| TITLE | V4110012 00007 | | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition | |
| NAME | | | LI Doice | NAME | | | | • | | | |
| STREET ADDRESS | | | | STRE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | CITY- | ·ST-ZIP | | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | į | Change | ☐ Addition | |
| NAME | | | | NAM | | | | | | | |
| STREET ADDRESS | | | | | ET ADDRESS | | | | | | |
| CITY-\$T-ZIP | · · · · · · · · · · · · · · · · · · · | | | CITY- | ST-ZIP | | | | | | |
| TITLE | | | Delete | TITLE | | | | ĺ | Change | ☐ Addition | |
| NAME CTREET ADDRESS | | | | NAME | ET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ST-ZIP | | | | | · | |
| | | | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| TITLE NAME | | | L DETECT | NAME | I | | | ŀ | vnanys | ☐ Variation | |
| STREET ADDRESS | | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | | | ļ | |

12. I hereby certify that the information supplied with this filling 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:



VF

3-3103 813-608-444