

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90101 013 ***150.00

DOCUMENT # P97000005212

1. Entity Name

PORT ST. LUCIE VENTURES, INC.

Mfcc

Principal Place of Business

1701 GULFSTREAM AVENUE, #729
FT. PIERCE FL 34949

Mailing Address

4400 COUNTRY CLUB DRIVE
DICKINSON TC 77539
US

2. Principal Place of Business

3. Mailing Address

Mid-Florida Red One

Suite, Apt. #, etc.

4400 Country Club Dr.

City & State

Dickinson Tx

Zip

77539

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0727940**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODY, RONALD W M.D.
1701 GULFSTREAM AVENUE, #729
FT. PIERCE FL 34949

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.

SIGNATURE

Signature, typed or printed name 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PSTD									
	WOODY, RONALD H. M.D.	1701 GULFSTREAM AVENUE, #729	FT. PIERCE FL 34949							
	VPF									
	HILL, JOHN	4400 COUNTRY CLUB DRIVE	DICKINSON TX 77539							

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-01

(281) 337-3423

CR2E034 (10/00)