

2003

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000-93200

1. Entity Name

ADVENTURE INVESTMENTS, INC.

2003
FORM NOT
RECEIVEDFILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90249 022 ***150.00

0057123

Principal Place of Business

~~1791 KILLARNEY DR.
WINTER PARK FL 32789~~515 HUFFORD DR
DEBARY

Mailing Address

~~1791 KILLARNEY DR.
WINTER PARK FL 32789~~

11017402

2. Principal Place of Business

515 HUFFORD DR

Suite, Apt. #, etc.

3. Mailing Address

515 HUFFORD DR

Suite, Apt. #, etc.

City & State

DEBARY, FL.

City & State

DEBARY, FL.

4. FEI Number

59-3474748

Applied For

Not Applicable

Zip

Country

32713USA

Zip

Country

32713USA

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

BESKE, ROBERT

~~1791 KILLARNEY DR.
WINTER PARK FL 32789~~

Name

Street Address (P.O. Box Number is Not Acceptable)

515 HUFFORD DR

City

DEBARY

FL

Zip Code

32713

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESKE, ROBERT 1791 KILLARNEY DR. WINTER PARK FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>515 HUFFORD DR DEBARY, FL. 32713</u>
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
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/03 386-753-1110

CR2E034 (10/00)