

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000102730****1. Entity Name**
BOLD VENTURE INC.**FILED**
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90497 045 ***150.00

814455

DO NOT WRITE IN THIS SPACE

Principal Place of Business**6638 MAN O WAR TRAIL**
TALLAHASSEE FL 32308**Mailing Address****6638 MAN O WAR TRAIL**
TALLAHASSEE FL 32308**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3482776**

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****FISCH, LEE A**
6638 MAN O WAR TRAIL
TALLAHASSEE FL 32308

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	FISCH, LEE A	
STREET ADDRESS	6638 MAN O WAR TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FISCH, WILLIAM H	
STREET ADDRESS	613 12TH AVE SE	
CITY-ST-ZIP	MOULTRIE GA 31768	
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. H. Fisch

Date

2/21/01

Daytime Phone #

850 907-9162

CR2E034 (10/00)