

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90135 042 ***150.00

DOCUMENT # P98000053085

1. Entity Name
BULLSEYE VENTURES, INC.

Principal Place of Business 16440 S TAMiami TRAIL SUITE 11, 12, 13, 14 FORT MYERS FL 33908	Mailing Address 16440 S TAMiami TRAIL STE. 13 FORT MYERS FL 33908-5308
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2. Principal Place of Business	3. Mailing Address 15 Sportsman Lane
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Rotonda West FL	4. FEI Number 59-3517030	Applied For <input type="checkbox"/> Not Applicable
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Zip 33947	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTON, JOHN D
 16440- 13 S TAMiami TRAIL
 FORT MYERS FL 33908**

Name Same
Street Address (P.O. Box Number is Not Acceptable) 15 Sportsman Ln.
City Rotonda West FL Zip Code 33947

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 _____ (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, 2000 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	PT BARTON, JOHN D 15 SPORTSMAN LANE ROTUNDA WEST FL 33947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTON, CHRISTINE 15 SPORTSMAN LANE ROTUNDA WEST FL 33947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISANTI, JOSEPH JOHN 54 RIVER AVE ISLAND HEIGHTS NJ 08732	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John D. Barton President Date: 1/20/00 Daytime Phone #: (941) 697-3483

CR2E034 (9/99)