

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053085

1. Entity Name

BULLSEYE VENTURES, INC.

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

01-18-2000 90135 042 \*\*\*150.00

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

2. Principal Place of Business

3. Mailing Address

15 Sportsman Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rotonda West FL

4. FEI Number

59-3517030

Applied For

Not Applicable

Zip

Country

33947

U.S.A.

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

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

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, 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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/20/00 (941) 697-3483

Date

Daytime Phone #

CR2E034 (9/99)