

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State
 04-07-2000 90114 001 *1,587.50

DOCUMENT # P98000084103

1. Entity Name
RTG VENTURES, INC.

Principal Place of Business Mailing Address

200 E ROBINSON STREET **200 E ROBINSON STREET**
SUITE 450 **SUITE 450**
ORLANDO FL 32801 **ORLANDO FL 32801-1989**

2. Principal Place of Business 3. Mailing Address

10125 W. COLONIAL DR. **10125 W. COLONIAL DR.**
 (Suite, Apt. #, etc.) (Suite) Apt. #, etc.
212 **212**

City & State City & State

OCOE, FL. **OCOE, FL.**

Zip Country Zip Country

34761 **USA** **34761** **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAMILLO, JOSEPH
200 E ROBINSON STREET STE 450
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Joseph Camillo**
 Street Address (P.O. Box Number is Not Acceptable) **10125 W. COLONIAL DR**
Suite 212
 City **OCOE** **FL** Zip Code **34761**

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 Joseph Camillo/Pres. Joseph Camillo 3/28/00
Signature, typed or printed name of registered agent and title, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMILLO, JOSEPH 200 E ROBINSON STREET STE 450 ORLANDO FL 32801	<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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Camillo 10125 W. COLONIAL DR. #212 OCOE, FL. 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: Joseph H. Camillo/President Joseph Camillo 3/28/00 407-822-3664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)