

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089337

1. Entity Name

VENTERS CONSTRUCTION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90047 035 ***150.00

Principal Place of Business

Mailing Address

223 OAK STREET
PORT ORANGE FL 32127

223 OAK STREET
PORT ORANGE FL 32127-4464

2. Principal Place of Business

416 JEFFERSON AVE

Suite, Apt. #, etc.

3. Mailing Address

416 JEFFERSON AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

4. FEI Number

59-3544625

Applied For

Not Applicable

Zip

32127

Country

FLORIDA

Zip

32127

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VENTERS, JAMES H
223 OAK STREET
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name JAMES H VENTERS

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

416 JEFFERSON AVE

City

Port Orange

FL

Zip Code

32127

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

James H Venters

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

TITLE D ☐ Delete
NAME VENTERS, JAMES H
STREET ADDRESS 223 OAK STREET
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ Delete
NAME VENTERS JAMES H
STREET ADDRESS 416 JEFFERSON AVE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

James H Venters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20004 (0/00)