

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089337

1. Entity Name  
VENTERS CONSTRUCTION, INC.

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90335 041 \*\*\*150.00

Principal Place of Business  
416 JEFFERSON AVENUE  
PORT ORANGE FL 32127

Mailing Address  
416 JEFFERSON AVENUE  
PORT ORANGE FL 32127

20 EMERSON DR.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PALM COAST, FL

Suite, Apt. #, etc.

City & State

PALM COAST, FL

City & State

Zip

32137

Country

FLAGLER

Zip

Country

4. FEI Number 59-3544625

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

VENTERS, JAMES H  
416 JEFFERSON AVENUE  
PORT ORANGE FL 32127

Name JAMES H VENTER

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

20 EMERSON DR.

City PALM COAST

FL

Zip Code

32137

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*

(NOTE: Registered Agent signature required when reinstating)

3-28-01

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	VENTERS, JAMES H 416 JEFFERSON AVENUE PORT ORANGE FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	President James H. Venters 20 Emerson Dr. Palm Coast, FL 32137	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: *James H Venters* JAMES H VENTERS

3-28-01

386-437-2433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0007588