

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90020 019 \*\*\*150.00

**DOCUMENT #** P99000005900  
**1. Entity Name**  
**VENUS PROPERTIES, INC.**

**Principal Place of Business**      **Mailing Address**  
 201 N. CLYDE MORRIS BLVD. 201 N. CLYDE MORRIS BLVD.  
 DAYTONA BEACH, FL 32114-2734      DAYTONA BEACH, FL 32114-2734

10041932

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number**      **Applied For**  
 59-3569499       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**

AGNONE, LOUIS M      Name  
 201 N. CLYDE MORRIS BLVD.      Street Address (P.O. Box Number is Not Acceptable)  
 DAYTONA BEACH, FL 32114-2734      City      **FL**      Zip Code

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELLA, GREGORY J	NAME	
STREET ADDRESS	201 N. CLYDE MORRIS BLVD.	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH, FL 32114-2734	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNONE, LOUIS M	NAME	
STREET ADDRESS	201 N. CLYDE MORRIS BLVD.	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH, FL 32114-2734	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOULIS, HARRY	NAME	
STREET ADDRESS	201 N. CLYDE MORRIS BLVD.	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH, FL 32114-2734	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCI, DONATO R	NAME	
STREET ADDRESS	201 N. CLYDE MORRIS BLVD.	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH, FL 32114-2734	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034 (11/00)

**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:**  **3/26/01** **904 257 9400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #