

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
 04-12-2000 90173 001 ***150.00

DOCUMENT # P99000024519
 1. Entity Name
Asset Ventures, Inc.

Principal Place of Business
8480 Sheldon Rd.
#156
Tampa, FL 33626

2. Principal Place of Business
10207 Newington PL
 Suite, Apt. #, etc.
1

3. Mailing Address
8480 Sheldon Road
 Suite, Apt. #, etc.
156

City & State
Tampa FL
 Zip
33626 County
Hillsborough

City & State
Tampa FL
 Zip
33615 County
Hillsborough

4. FEI Number
59-3565908 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
The Company Corporation
1013 Centre Road
Wilmington, DE 19805-1297

7. Name and Address of New Registered Agent
 Name Tamara D. Taylor
 Street Address (P.O. Box Number is Not Acceptable)
10207 Newington Place
 City Tampa FL Zip Code 33626

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 Tamara D. Taylor DATE 4/4/00
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, 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	<u>Director</u> <u>Tamara D. Taylor</u> <u>10207 Newington PL</u> <u>Tampa, FL 33626</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Howard A. Taylor</u> <u>10207 Newington PL</u> <u>Tampa, FL 33626</u>	<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	<u>Director</u> <u>Tamara D. Taylor</u> <u>10207 Newington PL</u> <u>Tampa, FL 33626</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

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: Tamara D. Taylor DATE 4/4/00 (813) 920-0867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tamara D. Taylor, f/k/a Tamara D. Little