

DOCUMENT # P99000024519

1. Entity Name

ASSET VENTURES, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90030 048 ***150.00

Principal Place of Business

10207 NEWINGTON PL
TAMPA FL 33626

Mailing Address

8480 SHELDON ROAD #156
TAMPA FL 33615

2. Principal Place of Business

373 Windrush Loop

Suite, Apt. #, etc.

Suite 1

City & State

Tarpon Springs, FL

Zip

34689

Country

Pinellas

3. Mailing Address

373 Windrush Loop

Suite, Apt. #, etc.

Suite 1

City & State

Tarpon Springs FL

Zip

34689

Country

Pinellas



DO NOT WRITE IN THIS SPACE

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

TAYLOR, TAMARA D
10207 NEWINGTON PL.
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name

Tamara D. Taylor

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

373 Windrush Loop

Suite 1

City

Tarpon Springs FL

FL

Zip Code

34689

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

Tamara D. Taylor, Director 12/31/00

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, HOWARD G	
STREET ADDRESS	10207 NEWINGTON PLACE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, TAMARA D	
STREET ADDRESS	10207 NEWINGTON PLACE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard G. Taylor	
STREET ADDRESS	373 Windrush Loop, Ste 1	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tamara D. Taylor	
STREET ADDRESS	373 Windrush Loop, Ste 1	
CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tamara D. Taylor

Tamara D. Taylor

Director

Date

12/31/00

Daytime Phone #

(727) 944-5093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)