

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90063 006 ***150.00

DOCUMENT # P99000024519

1. Entity Name
ASSET VENTURES, INC.

Principal Place of Business
373 WINDRUSH LOOP
SUITE 1
TARPON SPRINGS FL 34689

Mailing Address
373 WINDRUSH LOOP
SUITE 1
TARPON SPRINGS FL 34689

2. Principal Place of Business

905 E. Martin Luther King Blvd

3. Mailing Address

905 E. MLK Blvd

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

310

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

Zip

34689

Country

USA

Zip

34689

Country

USA

6. Name and Address of Current Registered Agent

TAYLOR, TAMARA D
373 WINDRUSH LOOP
SUITE 1
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

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

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

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, 2002 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 **TAYLOR, HOWARD G**
STREET ADDRESS **373 WINDRUSH LOOP STE 1**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ Delete
NAME **TAYLOR, TAMARA D**
STREET ADDRESS **373 WINDRUSH LOOP STE 1**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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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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:

Tamara D Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/01

Daytime Phone #

727-944-5093

CR2E034 (9/01)