2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030847 1. Entity Name

VENTURE DEVELOPMENT GROUP, INC.

FILED May 04, 2000 8:00 am Secretary of State

						Ì		04-14-20	00 90073	3 004 ***	150.00	
Principal Place of Business			Mailing Address									
51 LOOKOUT PLACE. STE. 100 JAITLAND FL 32751			151 LOOKOUT PLACE, STE. 100 MAITLAND FL 32751-8403								. .	<u>.</u>
2. Principal Place	of Business		3. Mailing Address			-						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-{ '	C	O NOT WRITE	IN THIS SPA	ACE		
			City & State			4 551	Nh and a			1 App	lied For	
City & State			City & State		4. 15	Number 3:	5720	016	Not Applicable			
Zip	Country		Zip	Count	ıy	5. Cer	tificate of Stat	us Desired		3.75 Addit e Required		ļ
	egistered Agent		Name	7. Nan	ne and Addre	ss of New Reg	istered Ag	ent				
WRIGHT, KENNETH W 20 N. ORANGE AVE., STE.1000						s (P.O. Box	Number is No	t Acceptable)	_	.,,		
ORLANDO FL 32801												
					City				FL	Zip Code		į
8. The above nar	ned entity submits	this statement for	the purpose of changing	its registere	ed office or regis	tered agent	t, or both, in th	ne State of Flori	da.			
SIGNATURE						 			DATE			
<u> </u>	nature, typed or printed na				d Agent signature requ			<u> </u>				
9. This corporation of the corpo	on is eligible to sa irement and elects on back)	isty its intangible to do so:	After MAY 1; Make Check Pay	2000 Fee		_ معصد 0		Campaign'Eina d Contribution.			May Be to Fees	-
11.		OFFICERS AND I		12.		ADDI	TIONS/CHAI	IGES TO OFFIC				66
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CITY-ST-ZIP	4616 11	anniea. I	32817	-ST-ZIP							3250	
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TITLE NAME			☐ Delete	TIT: NAI	WE					☐ Change	Addition	
STREET ADDRESS CTTY-ST-ZIP					REET ADDRESS Y-ST-ZIP			_		~·		
TITLE		==	☐ Delete	TIT NA	1					☐ Change	Addition	
STREET ADDRESS CITY-SI-ZIP					REET ADDRESS Y-ST-ZIP							
13. I hereby cer indicated or of the corpo	n this report or sup pration or the receiv	plemental report is ver or trustee emp	this filing does not qualify true and accurate and the wered to execute this re- with all other like empowe	ly for the ex nat my sign	emption stated i	the same le	Mai effect as	it made under (oain: that I a	m an onicer	or director	1
SIGNATU	4	TURE AND TYPED OR	PRINTED NAME OF SIGNING OFF	Dhu	<u> Illan</u>	li		Date	D	aytime Phone #		
	Gana		, at the state of the state									