2000 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2000 8:00 am DOCUMENT # **P99000037801 Secretary of State** VENTRESCA ENTERPRISES, INC. 02-18-2000 90015 001 ***150.00 Principal Place of Business Mailing Address 1323 GEORGETOWNE CIRCLE 1323 GEORGETOWNE CIRCLE SARASOTA FL 34232-2009 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VENTRESCA, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1323 GEORGETOWNE CIRCLE SARASOTA FL 34232 Zip Code FL the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VICE PRESIDENT (CORP) Change ☐ Delete TITLE TITLE AMY VENTAESCA VENTRESCA, RICHARD A 1323 GEORGETOWNE CIRCLE NAME 1323 GEORGETOWNE CIRCLE STREET ADDRESS STREET ADDRESS SARASOTA, PL. 34232 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 lice PRESIDENT CMARKETING) ☐ Change **X** Addition ☐ Delete TITLE RANDY VENTRESCA 4057 MEACHEN BLVD SARASOTA, FL. 34233 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECRETARY-TREASURE Change Addition ☐ Delete TITLE TITLE FRANCES J. VENTRESCA NAME NAME 1323 George Towne circle STREET ADDRESS STREET ADDRESS SARASOTA, CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

HENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2000

941-359-2082

Daytime Phone #