

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045291

1. Entity Name
AKS VENTURES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90309 005 ***150.00

Principal Place of Business 3030 LINWOOD DR. SARASOTA FL 34232	Mailing Address 3030 LINWOOD DR. SARASOTA FL 34235-4408
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2. Principal Place of Business 4348 47th St. Suite, Apt. #, etc.	3. Mailing Address 4348 47th St. Suite, Apt. #, etc.
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City & State Sarasota, FL	City & State Sarasota, FL
Zip 34235	Zip 34235
Country USA	Country USA

4. FEI Number 65-0921100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOMELDORPH, HOWARD R JR.
6489 PARKLAND DRIVE
SARASOTA FL 34243

(Address change only)

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7416 Oak Run Lane

City
Sarasota

FL

Zip Code
34243

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 _____ (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, 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	D LUCCHESI, ALEX H 3030 LINWOOD DR. SARASOTA FL 34232 <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
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	Director / P Alex H. Lucchesi 4348 47th St. Sarasota, FL 34235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Alex H. Lucchesi Alex H. Lucchesi 4/21/2000 941-355-0334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)