

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045291

1. Entity Name

AKS VENTURES, INC.

Principal Place of Business

4348 47TH
SARASOTA FL 34235

Mailing Address

4348 47TH
SARASOTA FL 34235

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0921100

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Howard R Womeldorph Jr

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

7648 Lockwood Ridge Rd

City

Sarasota

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

ONLY ADDRESS CHANGE ABOVE

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 PD
NAME LUCCHESI, ALEX H
STREET ADDRESS 3030 LINWOOD DR.
CITY-ST-ZIP SARASOTA FL 34232

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 4348 47th St
CITY-ST-ZIP Sarasota, FL 34235

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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, President

Date

4/24/2001

Daytime Phone #

941-726-6146

CR2E034 (10/00)

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