

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91870 026 ***158.75

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

3. Mailing Address



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0921100

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOMELDORPH, HOWARD R JR.
7648 LOCKWOOD RIDGE RD
SARASOTA, FL 34243**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW WITH THE SECRETARY OF STATE
AND MAIL TO: 2003 FEE WITH STATE
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LUCCHESI, ALEX H**
STREET ADDRESS **4348 47TH ST**
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **Vice President / Director** ☐ Change ☒ Addition
NAME **FAYE ANN LUCCHESI**
STREET ADDRESS **4348 47th St**
CITY-ST-ZIP **Sarasota, FL 34235**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alex Lucchesi, President** *Alex Lucchesi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

4/29/03

Date

941-358-9741

Daytime Phone #

CR2034 (10/02)