

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055711

1. Entity Name

GANESHA VENTURES, INC.

Principal Place of Business

Mailing Address

11606 SW MEADOWBERK
STUART FL 34997

11606 SW MEADOWBERK
STUART FL 34997

2. Principal Place of Business

11606 SW Meadowlark Cir
Suite, Apt. #, etc.

3. Mailing Address

11606 SW Meadowlark Cir
Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart FL

Zip

34997

Country

USA

Zip

34997

Country

USA

6. Name and Address of Current Registered Agent

FLECK, DOUGLAS H

1620 S. OCEAN BLVD., #2-B
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

Fleck, Douglas H

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

11606 SW Meadowlark Cir

City

Stuart

FL

Zip Code

34997

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

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 ☐ Delete
NAME D
STREET ADDRESS FLECK, DOUGLAS
CITY-ST-ZIP 11606 SW MEADOWLARK CIR
STUART FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Fleck, Douglas H.
CITY-ST-ZIP

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90109 040 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)