

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90237 028 \*\*\*158.75

**DOCUMENT # P99000057729**

1. Entity Name  
**VENTURE SALES GROUP, INC.**



Principal Place of Business  
**% MICHAEL B. UDELL**  
**5745 S. UNIVERSITY DRIVE**  
**DAVIE FL 33328**

Mailing Address  
**773 CRESCENT WAY**  
**WESTON FL 33326**



2. Principal Place of Business  
**5400 So University Dr.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 117**

Suite, Apt. #, etc.

City & State  
**DAVIE Florida**

City & State

Zip  
**33328**

Country  
**U.S.A**

Zip

Country

4. FEI Number  
**65-0945164**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**UDELL, MICHAEL B**  
**5745 S. UNIVERSITY DRIVE**  
**DAVIE FL 33328**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5400 So University Drive**  
**Suite 117**

City  
**DAVIE**

FL

Zip Code  
**33328**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

TITLE **D** ☐ Delete  
NAME **SANDOVAL, GREG L**  
STREET ADDRESS **5745 S. UNIVERSITY DRIVE**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition  
NAME **Gng Sandoval**  
STREET ADDRESS **773 Crescent Way**  
CITY-ST-ZIP **Weston, FL 33326**

TITLE **V/D** ☐ Change ☒ Addition  
NAME **John Aiello**  
STREET ADDRESS **5400 So University Dr.**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **V/D** ☐ Change ☒ Addition  
NAME **Bill Stanwill**  
STREET ADDRESS **5400 So. University Dr.**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **S/T/D** ☒ Change ☐ Addition  
NAME **Michael Udell**  
STREET ADDRESS **5400 So University Dr.**  
CITY-ST-ZIP **DAVIE, FL 33328**

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

TITLE ☐ Change ☐ Addition  
NAME  
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:** *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-21-03**

Date

**954-217-3970**

Daytime Phone #

CR2E034 (10/02)