

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068412

1. Entity Name

VENSTAR, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90008 008 \*\*\*150.00

Principal Place of Business

Mailing Address

SUITE 22, CARD CITY HOUSE  
LONGDON ROAD  
WALLINGTON, SURREY. UK SM6 -7BJ

SUITE 22, CARD CITY HOUSE  
LONGDON ROAD  
WALLINGTON, SURREY. UK SM6

609743

2. Principal Place of Business

SHADY OAKS

3. Mailing Address

SHADY OAKS

Suite, Apt. #, etc.

1825 JUAREZ WAY SOUTH

Suite, Apt. #, etc.

1825 JUAREZ WAY SOUTH

City & State

ST. PETERSBURG, FLORIDA

City & State

ST. PETERSBURG, FLORIDA

4. FEI Number

☒ Applied For  
☐ Not Applied

Zip

33712

Country

U.S.A.

Zip

33712

Country

U.S.A.

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

LA BELLE, RICHARD D III, ESQ  
3446 LAKE DRIVE  
PALM HARBOR FL 34683

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.

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, 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 **D**  
NAME **HENDERSON - THYNE, GARY**  
STREET ADDRESS **SUITE 22, CARD CITY HOUSE, LONDON ROAD**  
CITY-ST-ZIP **WALLINGTON, SURREY, UK SM6 -7BJ**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **HENDERSON-THYNNE, GARY**  
STREET ADDRESS **SHADY OAKS, 1825 JUAREZ WAY SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG, FLORIDA, 33712, U.S.A.**

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

**GARY THYNNE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20-JANUARY-00

Date

Daytime Phone #

727-867  
-7122