

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000082957**

1. Entity Name

VENTURE CAPITAL ASSOCIATES, INC.

Principal Place of Business

**1720 S. ORANGE AVENUE
SUITE 302
ORLANDO FL 32806**

Mailing Address

**1720 S. ORANGE AVENUE
SUITE 302
ORLANDO FL 32806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PANTARIDIS, K. E ESQ.
1720 S. ORANGE AVENUE
SUITE 302
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

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, 2002 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	<input type="checkbox"/> Delete
NAME	PANTARIDIS, K. E	
STREET ADDRESS	1720 S. ORANGE AVENUE, SUITE 302	
CITY-ST-ZIP	ORLANDO FL 32806	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/11/02

Date

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

04-22-2002 90278 042 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment

p99 000082957

Form **SS-4**

(Rev December 2001)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line.

Keep a copy for your records.

EIN

OMB No. 1545-0003

TYPE OR PRINT CLEARLY	1 Legal Name of Entity (or individual) for whom the EIN is Being Requested Venture Capital Associates, Inc.	
	2 Trade Name of Business (if different from name on line 1) Venture Capital Assoc	3 Executor, Trustee, Care of Name
	4a Mailing Address (room, apartment, suite number, and street, or P.O. box) 1780 S. Orange Ave. S 302	5a Street Address (if different) (do not enter a P.O. box) 1780 S. Orange Ave. S 302
	4b City State ZIP Code Orlando FL 32806	5b City State ZIP Code Orlando, FL 32806
	6 County and State Where Principal Business is Located Orange County, Florida	
	7a Name of Principal Officer, General Partner, Grantor, Owner, or Trustor K.E. PANTARIDIS	
7b SSN, ITIN, or EIN 194-62-1227		
8a Type of entity (check only one box)		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN)
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) <input type="checkbox"/> <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Other (specify)		
8b If a corporation, name the state or foreign country (if applicable) where incorporated.		State FLORIDA Foreign Country
9 Reason for applying (check only one box)		<input type="checkbox"/> Started new business (specify type) <input type="checkbox"/> Banking purpose (specify purpose) <input type="checkbox"/> Changed type of organization (specify new type) <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) REQUESTED BY FLA. DEPT. OF STATE. <input type="checkbox"/> Created a trust (specify type) <input type="checkbox"/> Created a pension plan (specify type)
10 Date business started or acquired (month, day, year) 09/13/99		11 Closing month of accounting year 12/01
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).		(NO EMPLOYEES) - N/A.
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0.		Agricultural <input type="checkbox"/> Household <input type="checkbox"/> Other <input checked="" type="checkbox"/>
14 Check one box that best describes the principal activity of your business.		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) HOLDING COMPANY.
15 Indicate principal line of merchandise sold, specific construction work done; products produced; or services provided. HOLDING COMPANY FOR PERSONAL INVESTMENTS		
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Note: If "Yes," please complete lines 16b and 16c.		
16b If you checked "Yes" on line 16a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above.		
Legal name		
Trade name		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		
Approximate Date When Filed (month, day, year)		Previous EIN

**Third
Party
Designee**

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's Name

Address and ZIP Code

Designee's Telephone Number
(include area code)Designee's Fax Number
(include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and Title (type or print clearly.) **K.E. PANTARIDIS / PRESIDENT**

Signature

Date **5/6/02**Applicant's Telephone Number
(include area code)**407-425-5775**Applicant's Fax Number
(include area code)**407-425-2778**