

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093606

1. Entity Name

ARGO VENTURES, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90846 009 ***150.00

Principal Place of Business Mailing Address
PO BOX 7469 PO BOX 7469
ZEPHYRHILLS FL 33543 ZEPHYRHILLS FL 33543-7469



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7200 RIDGE ROAD
3. Mailing Address 7200 RIDGE ROAD

Suite, Apt. #, etc. SUITE 17 Suite, Apt. #, etc. SUITE 17

City & State PORT RICHEY FL City & State PORT RICHEY FL

Zip 34668 Country PASCO Zip 34668 Country PASCO

4. FEI Number 59-3605924 Applied For Not Applicable

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

HILLEN, MATTHEW J
39132 CR 54 #2130
ZEPHYRHILLS FL 33540

Name
Street Address (P.O. Box Number is Not Acceptable)
7200 RIDGE ROAD
SUITE 17
City PORT RICHEY FL Zip Code 34668

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLEN, MATTHEW J PO BOX 7469 ZEPHYRHILLS FL 33543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, PATRICIA PO BOX 7469 ZEPHYRHILLS FL 33543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8310 CHASCO WOODS BLVD., APT. E PORT RICHEY FL 34668-7062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: MATTHEW J. HILLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 727-841-7200
Date Daytime Phone #

C R2E034 (9/99)