

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90116 010 ***158.75

DOCUMENT # S18814

1. Entity Name

Venturi Holding Company ✓

2771 NE 58th Street

Ft. Lauderdale, FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13000 State Highway 20 West

Suite, Apt. #, etc.

3. Mailing Address

13000 State Highway 20 West

Suite, Apt. #, etc.

City & State

Freeport, FL

City & State

Freeport, FL

Zip

32439

Country

USA

Zip

32439

Country

USA

4. FEI Number

65-0236705

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WILLIAMS, MICHAEL A.

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

13000 State Highway 20 West

City

Freeport

FL

Zip Code
32439

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)



January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
WILLIAMS, MICHAEL A.
13000 State Highway 20 West
Freeport, FL 32439** **CHANGE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WILLIAMS, CLAUDIA
13000 State Highway 20 West
Freeport, FL 32439** **CHANGE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GRANDE, ROBERT
8 Playhouse Circle
Hampton, NH 03842**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 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

Robert Grande

Date

603/431-1945

Daytime Phone #

CR2E034B (12/01)