2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$66037 Feb 10, 2000 8:00 am Secretary of State 1 27 VENTURE EQUITY AND INVESTMENTS, INC. 02-10-2000 90054 008 ***150.00 Principal Place of Business Mailing Address 2516 NW 43RD STREET 2516 NW 43RD STREET . . GAINESVILLE FL 32606 GAINESVILLE FL 32606-7491 naa15343 (1) 12 (1984年) 2月 2. Principal Place of Business Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 5355 Pr 1 59-3086296 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KROPP, JEFFREY Street Address (P.O. Box Number is Not Acceptable)/* i - - -2516 NW 43RD STREET 1.44.8 <u>20</u>4. Au **GAINESVILLE FL 32606** LIME FRUITS FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Change Addition TITLE ☐ Delete TITLE क्ष्मार १**३०**० च कराह KROPP, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 2516 NW 43RD STREET 8 3 T 122 T 13 CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME МАМЕ STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 eceiver 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 attack empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR