2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am S91419 DOCUMENT # **Secretary of State** 1. Entity Name 03-25-2002 90076 014 ***150 00 VENEZIA CORPORATION Principal Place of Business Mailing Address 1871 WELLS ROAD 1871 WELLS ROAD SUITE 2 SUITE 2 **ORANGE PARK FL 32073** ORANGE PARK FL 32073 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For NOT APPLICABLE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -D'ADDONA, FRANCES Street Address (P.O. Box Number is Not Acceptable) 1871 WELLS ROAD, SUITE #2 **ORANGE PARK FL 32223** City 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) FILE NOW!!! FEE IS \$150.00 **.9.** This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE Change Addition D'ADDONA, FRANCES 1871 WELLS ROAD SUITE 2 STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP TITLE DVP ☐ Delete TITLE ☐ Change ☐ Addition NAME CHRISTINA D'ADDONA 1871 WELLS ROAD SUITE 2 STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP DVP. TITLE Delete TITLE Change ☐ Addition NAME. TONY D'ADDONA STREET ADDRESS 1871 WELLS ROAD STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073 CITY-ST-ZIP Addition TITLE 6 F Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 3.2 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

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SIGNATURE: