

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

VENTURES DME, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90120 047 ***150.00

Principal Place of Business

11175 Starkey Road
Largo, FL 33773

Mailing Address

11175 Starkey Road
Largo, FL 33773

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

59-3123860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Marquardt, Emil C., Jr.
625 Court Street
2nd Floor
Clearwater, FL 33756

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, 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

TITLE PD ☐ Delete

NAME Crockett, Denton W., Jr.

STREET ADDRESS 11175 Starkey Road
CITY-ST-ZIP Largo, FL 33773-4821

TITLE VD ☐ Delete

NAME Murphy, Frank V., III
STREET ADDRESS 17757 U.S. 19 North, Ste 100
CITY-ST-ZIP Clearwater, FL 33764

TITLE STD ☐ Delete

NAME Babka, John C., M.D.
STREET ADDRESS 323 Jeffords, Street
CITY-ST-ZIP Clearwater, FL 33756

TITLE D ☐ Delete

NAME Beauchamp, Philip K.
STREET ADDRESS 601 Main Street
CITY-ST-ZIP Dunedin, FL 34698

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Denton W. Crockett, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (727) 394-6453

Date Daytime Phone #

CR2E034 (9/99)