

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90126 042 ***150.00

DOCUMENT # V60867

1. Entity Name
VENTURE RESEARCH, INC.



Principal Place of Business
**2600 NW 55TH COURT
SUITE 234
FORT LAUDERDALE FL 33309
US**

Mailing Address
**22459 WATERSIDE DR.
BOCA RATON FL 33428
US**

2. Principal Place of Business

1300 E. HILLSBORO BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

City & State
DEERFIELD BEACH FL

City & State

Zip
33441

Country
USA

Zip

Country

4. FEI Number **65-0353791**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DEMEO, MICHAEL
22459 WATERSIDE DR.
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name **MICHAEL DEMEO**
Street Address (P.O. Box Number is Not Acceptable)
1300 E. HILLSBORO BLVD #2
City **DEERFIELD BEACH** FL Zip Code **33441**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Demeo*
Signature, typed or printed name of registered agent and title if applicable.

MICHAEL DEMEO
(NOTE: Registered Agent signature required when reinstating)

3/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DEMEO, MICHAEL**
STREET ADDRESS **22459 WATERSIDE DR**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Demeo* **MICHAEL DEMEO** **3/28/03** **964-7355557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)