

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004182

FILED
May 13, 2002 8:00 AM
Secretary of State

Entity Name: P-3 VENTURES, INC.

Current Principal Place of Business:

5438 DUBOIS AVE
PORT ORANGE, FL 32120

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 9987
DAYTONA BEACH, FL 321209987

New Mailing Address:

FEI Number: 59-3663309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACFADYEN, BONNIE J
5438 DUBOIS AVENUE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHMELLYCK, NITA
Address: 411 GLEN ABBEY LANE
City-St-Zip: DEBARY, FL 32713

Title: TD () Delete
Name: MACFADYEN, BONNIE
Address: 5438 DUBOIS AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: RIVERS, LINDA J
Address: 2575 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MERRELL, LINDA
Address: 599 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE MACFADYEN

OFFI

05/13/2002

Electronic Signature of Signing Officer or Director

_____ Date