FILED May 09, 2002 8:00 am Secretary of State

05-09-2002 90086 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P99000018308

ADVENTUROUS SOLUTIONS INCORPORATED

Principal Place of Business 12400 -91ST AVE N SEMINOLE FL 33772		Mailing Address 12400 -91ST AVE N SEMINOLE FL 33772						
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 1	4. FEI Number 85-0459349		pplied For ot Applicable	
Zip	Country	Zip	Country	5. (\$8.75 Add		
	6. Name and Address of Curren	t Registered Agent	···	7. N	Name and Address of New Registered	Agent		
LANDRY	DANIEL G	-	-Name			-		
	ST AVE N		Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
SEMINOL	E FL 33772							
			City		FL	Zip Cod	le	
8. The above	e named entity submits this statement for st		registered office or reg					
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, 2002 Fee will be \$550.0 Make Check Payable to Department of		00 State	10. Election Campaign Financing Trust Fund Contribution.	\$5.0 Addec	May Be to Fees	
11,	OFFICERS AND	DIRECTORS	12.	ADI	L DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDRY, DANIEL G 12400 91ST AVE N SEMINOLE FL 33772	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		• •	☐ Change	Addition	

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 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition