

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90342 025 ****61.25

DOCUMENT # 739969

1. Entity Name

VILLAS MAINTENANCE, INC.

Principal Place of Business

**10034 W. MCNAB ROAD
 TAMARAC FL 33321**

Mailing Address

**10034 W. MCNAB ROAD
 TAMARAC FL 33321**

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 **59-1797014**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILES, JAMES R
 10034 W. MCNAB ROAD
 TAMARAC FL 33321**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HODGES, DRAPER H 4310 NW 50TH AVENUE LAUDERDALE LAKES FL 33319-4666 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVPD WALKER, EILEEN 4291 NW 49TH TERRACE LAUDERDALE LAKES FL 33319 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT DICHNER, RENEE 5039 NW 42ND STREET LAUDERDALE LAKES FL 33319 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, WINSOME 4241 NW 51ST AVENUE LAUDERDALE LAKES FL 33319 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAMILTON, CARMEN 4933 NW 43RD STREET LAUDERDALE LAKES FL 33319 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD BADDAL, ELSIE 4230 NW 51ST AVENUE LAUDERDALE LAKES FL 33319 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO McKENZIE, EILEEN 10034 W MCNAB Rd TAMARAC, FL 33321 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Reid, MAISIE 10034 W MCNAB Rd TAMARAC, FL 33321 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dichner, Renee 10034 W MCNAB Rd TAMARAC, FL 33321 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bailey, Winsome 10034 W MCNAB Rd TAMARAC, FL 33321 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD Barry, Patrick 10034 W MCNAB Rd TAMARAC, FL 33321 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BADDAL, ELSIE 10034 W MCNAB Rd TAMARAC, FL 33321 ☒ Change ☐ Addition

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 617, 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:

Signature Required President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/02 954-858-4273

CR2E037 (9/01)