

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90149 006 \*\*\*150.00

**DOCUMENT # G50153**

1. Entity Name  
**VILLAGE CONSTRUCTION OF N.W. FLORIDA, INC.**

Principal Place of Business <b>532 MILESTONE BLVD          CANTONMENT FL 32533          US</b>	Mailing Address <b>P.O. BOX 37747          PENSACOLA FL 32526-0747          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2030 Hesperia Way</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pensacola Florida</b>	City & State	4. FEI Number <b>59-2462744</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32505</b>	Country <b>USA</b>	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Name and Address of Current Registered Agent <b>TILL, BEVERLY          8404 ALAKAI DR.          PENSACOLA FL 32526</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD TILL, GREGORY E. 532 MILESTONE BLVD CANTONMENT FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P S D Cynthia D. Till 2030 Hesperia Way Pensacola Florida 32505</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Cynthia D. Till* **REQUIRED** *Cynthia D. Till* 4/11/02 (850) 484-3800  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)