

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90228 013 ***150.00

DOCUMENT # **PD20000129004**

1. Entity Name

Orchid Villas Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5615 Oleander Ave

3. Mailing Address

Suite, Apt. #, etc.

SNM 2

City, State

FT Pierce FL

City & State

Zip

34987

Country

Zip

Country

4. FEI Number

54-2084574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARICEL B HINKULOW

Street Address (P.O. Box Number is Not Acceptable)

5615 Oleander Ave

City

FT Pierce

FL

Zip Code

34987

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: **X Maricel B Hinkulow**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 2/11/03
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MARICEL B HINKULOW
401 SW LAKE CHARLES CIR
FT ST LUCIE FL 34986**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Delete
VIOLET DOWNS S-D
SEE ATTACHED. NO LONGER IN CORPORATION**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Delete PABLO HINKULOW S-D
See also attached. resigned.**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X Maricel B Hinkulow**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/11/03
Date

X (772) 340-0768
Daytime Phone *

JOSEPH R. FISHER
607 ST. LUCIE CRESCENT
STUART, FL 34994

Tel (772)-463-0650 Fax (772)-4630510

Attachment
90027072
P02000129006

December 30, 2002

State of Florida
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen:

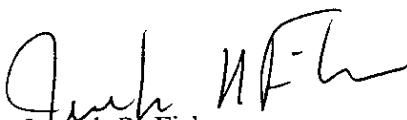
Orchid Villas, Inc.
P02000129006

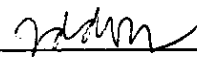
Please be advised that effective midnight, December 31, 2002, Violet D. Downs will relinquish her 400 shares of no-par common stock to the corporation. Simultaneously, she will also resign as Secretary/ Director of this corporation.

As of this same date, Pablo A. Hinkulow will be elected Secretary/ Director of this corporation.

Thank you for your attention to this matter.

Respectfully,


Joseph R. Fisher


VIOLET D. DOWNS

Accounting

Taxes