2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 691869

1. Entity Name

PARK VILLA, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90054 028 ***150.00

Principal Place of Business	Mailing Address
907 ARABIAN AVE WINTER SPRINGS FL 32708 US	907 ARABIAN AVE WINTER SPRINGS FL 32708-4522 US

2. Principal Place of Business C/O
E. W. Dedelow
4241 Sunny Brook Way Apt
Winter Springs, FL 32708
SEMINOLE

3. Mailing Address C/O
E. W. Dedelow
4241 Sunny Brook Way Apt
Winter Springs, FL 32708
Country SEMINOLE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2115040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEDELOW, EDWARD W
4241 SUNNY BROOK WAY
#207
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

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

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, 2000 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

TITLE	DP	☐ Delete
NAME	DEDELOW, EDWARD W	
STREET ADDRESS	907 ARABIAN AVE	
CITY-ST-ZIP	WINTER SPRINGS FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	E. W. DEDELOW	☑ Change ☐ Addition
NAME		
STREET ADDRESS	4241 Sunny Brook Way Apt. 207	
CITY-ST-ZIP	Winter Spgs, FL 32708	

CR2E034 (9/99)

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: ____________________ 4/04/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #