FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am H90297 DOCUMENT # **Secretary of State** 1. Entity Name 02-07-2002 90021 046 ***150.00 VILLAGE BUTCHER SHOP, INC. Principal Place of Business Mailing Address 5139 GALL BLVD. 5139 GALL BLVD ZEPHRYHILLS FL 33541-4963 ZEPHRYHILLS FL 33541-4963 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. FEI Number Applied For 59-2945438 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FITOS, JEFFREY J. Street Address (P.O. Box Number is Not Acceptable) ONE E. SILVER SPRINGS BLVD. OCALA FL 32670 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition VENTURA, DANIELLE L NAME NAME 5735 DOGWOOD ST STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY - ST - ZIP DONALD K VENTURA NAME VENTURA, DWAYNE B NAME STREET ADDRESS STREET ADDRESS 38010 SALEM AVE 5735 DOGWOOD ST. CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33541 ZEPMYRHUS, FLA. Change 33,540 ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 enipow

SIGNATURE: 5