2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

H90297 **DOCUMENT #**

1. Entity Name

VILLAGE BUTCHER SHOP, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90210 047 ***150.00

				,			
Principal Place of Business 5139 GALL BLVD. ZEPHRYHILLS FL 33541-4963		Mailing Address 5139 GALL BLVD. ZEPHRYHILLS FL 33541-4963					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	4. FEI Number 59-2945438 Applied For Not Applicab		
Zip	Country	Zip	- Country	5.	Certificate of Status Desired	\$8.75 Additional	
6	<u> </u>	7. Name and Address of New Registered Agent					
			Name	-			
FITOS, JEFFREY J. ONE E. SILVER SPRINGS BLVD.			Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
OCALA FL 320	i i						
			City		FL	Zip Code	
SIGNATURE	ned entity submits this statement for the of registered agent.		IS registered office or		ent, or both, in the State of Florida. I am	familiar with, and accept	
After Ma	NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550.00 yable to Florida Department of Si	tate			9. Election Campaign Financing Trust Fund Contribution. []	\$5.00 May Be Added to Fees	
			11.	AC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P		□ Delete	TITLE			☐ Change ☐ Addition	
	NTURA, DANIELLE L		NAME			_ • -	
	5 DOGWOOD ST		STREET ADDRESS				
CITY-ST-ZIP ZEF	PHYRHILLS FL 33540		CITY-ST-ZIP				
TITLE ST		☐ Delete	TITLE .			Change Addition	
	NTURA, DONALD K	•	NAME			_ \$100.go1.dollon	
STREET ADDRESS 573	5 DOGWOOD ST		STREET ADDRESS				
CITY-ST-ZIP Zep	PHYRHILLS FL 33540		CITY-ST-ZIP				

STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE

NAME

TITLE

STREET ADDRESS.

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

Addition