2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

VILLA 40

2201 SOUTHWEST 28TH STREET

OKEECHOBEE FL 34974

UNIFORM BUSINESS REPORT (UBR)

J00676 **DOCUMENT #**

1. Entity Name

VILLA 40

Principal Place of Business

OKEECHOBEE FL 34974

Suite, Apt. #, etc.

City & State

Zip

2201 SOUTHWEST 28TH STREET

2. Principal Place of Business

B & J INVESTMENTS, INC. OF OKEECHOBEE

Country

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90123 022 ***150.00

|--|

33 201 203 1		Not Applicable		
Certificate of Status Desired		\$8.75 Fee Rec	Addition juired	al
Name and Address of New Re	egistere	d Agent		
			•	•

☐ CHECK HERE IF MAKING CHANGES

50-2672051

	Fee Required					
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent					
COVED HOWCOM O	Name					
COKER, JACKSON C. 2201 S.W. 28TH STREET	Street Address (P.O. Box Number is Not Acceptable)					
VILLA 40 ·-	į					
OKEECHOBEE FL 33472	City Zip Code					
. The above named entity submits this statement for the purpose of changing its re	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					

Country

the obligations of registered agent.

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

FILE	NOWIII	FEE IS \$150.00	
After May	1, 2003	Fee will be \$550.00	

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COKER, JACKSON C. 2201 SW 28TH ST VILLA 40 OKEECHOBEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: