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

04-14-2003 90078 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J50496 **DOCUMENT#**

1. Entity Name

THE VILLAGE REALTY OF STUART, INC.



STUART FL 34996 STUART FL 34997 STOYANOFF, JOAN STREET ADDRESS CITY-ST-JP STUART FL 34997 CITY ST-JP CITY S		e of Business		ing Address	01 21	e, st. luc	I FA	mt. 16 J			
Suite. Apr. 4 etc. Suite.	1055 E. OCEAN BLVD STHART FL 34996			IART FI 24896 ST	tuart	. fl x4-99	7	dir.			
Sulle, Apt. # etc. Sulle,	SIGARI FL S	+330		ANN PLANOR		ונופ וין	• •				
Suite, Apt. #, etc. Suite Coy & State	2. Principal P	lace of Business	3. M 390	ailing Address 1 S.E.St.Luc	ie Bh	vd (Apot 1	E)	1 10 E1110 010: 0111: 00111 01010 16110 011	614 416 010 	ABIA BIBIA MABAT (BBA	
Zip Country 3497 U.SA S. Certificate of Status Desired \$8.75 Additional Fee Propured \$8.75 Additional Fee Propulsional Fe	Suite, Apt. #, etc.			Suite, Apt. #, etc.				1			
STOYANOFF, JOAN 3901 SE ST LUCIE BLVD APT #16 STORE Address of P.O. Box Number is Not Acceptable) Street Address (P.O. Bo	City & Stat	e	Cì	City & State			4.	59-2591011	F		
STOYANOFF, JOAN 3901 SE ST LUCIE BLVD AFT #6 STUART FL 34997 6. The abbove named energy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, upon for protect water depends agent and that it applicables in PACTE Registered Agent argument above recording the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, upon for protect water depends. SIGNATURE FLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE STOYANOFF, JOAN 3001 SE ST LUCIE BLVD, APT #16 STOYANOFF, JOAN 3001 SE ST LUCIE BLVD, APT #16 STOYANOFF, JOAN 3001 SE ST LUCIE BLVD, APT #16 STORE ADMRSS CITY-ST-2P ITILE NOW. STREET ADMRSS CITY-ST-2P TILE STREET ADMRSS CITY-ST-2P TILE STREET ADMRSS CITY-ST-2P TILE STREET ADMRSS CITY-ST-2P TILE STRET ADMRSS CITY-ST-2P TILE STREET ADMRSS CITY-ST-2P TILE STR	Zip	Coul	ntry 3 ^{Zi}	497	Count	Ä	5.	5. Certificate of Status Desired			
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3901 SE ST LUCIE BLVD APT #6 STUART FL 34987 8. The above named entity submits this sistement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheek Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MAKE STREET ADDRESS CITY-ST-2P THE NAME STREET AD	A STATE OF THE STA					Name					
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B. The above named entity submits this statement for the purpose of changing its registered agrent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signat	APT #16					•		•			
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		ertify that the inform	ation supplied with this filin	a does not qualify for t	_		Section	on 119.07(3)(i). Florida Statutes I furth	ner certify that t	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: