

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90265 028 ***150.00

DOCUMENT # J96931

1. Entity Name
VILLAGE JEWELER OF PONTE VEDRA, INC.



Principal Place of Business
% NICHOLAS JAMELE
880 SAWGRASS VILLAGE
PONTE VEDRA FL 32082

Mailing Address
% NICHOLAS JAMELE
880 SAWGRASS VILLAGE
PONTE VEDRA FL 32082



2. Principal Place of Business
880 Sawgrass Village
Suite, Apt. #, etc.

3. Mailing Address
880 Sawgrass Village
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ponte Vedra Beach FL
Zip
32082
Country

City & State
Ponte Vedra Beach FL
Zip
32082
Country

4. FEI Number
59-2847343

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAMELE, NICHOLAS
231 ROBIN DR
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
Jamele, Nicholas
Street Address (P.O. Box Number is Not Acceptable)
1213 Salt Creek Pointe Way
City
Ponte Vedra Bch. FL Zip Code
32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JAMELE, NICHOLAS	
STREET ADDRESS	1213 SALT CREEK POINTE WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATTS, WILL S. JR.	
STREET ADDRESS	12542 HIGHVIEW DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FELDER, RICHARD	
STREET ADDRESS	136 SHELBY'S COVER CT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	136 Shelby's Cove Ct.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Richard Felder**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03

Date

Daytime Phone #

CR2E034 (10/02)