

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K35050

1. Entity Name

VILLAGE DESIGNS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90013 043 ***150.00

Principal Place of Business

3711 CORTEZ RD. W.
 SUITE 300
 BRADENTON FL 34210
 US

Mailing Address

3711 CORTEZ RD. WEST
 SUITE 300
 BRADENTON FL 34210-3108
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0077667**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEAL, CHARLENE J.
 1003 59TH STREET N.W.
 BRADENTON FL 34209

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete

NAME **NEAL, CHARLENE J.**
 STREET ADDRESS **1003 59TH STREET N.W.**
 CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☐ Addition

TITLE **PAST** ☐ Delete

NAME **NEAL, CHARLENE J.**
 STREET ADDRESS **1003 59TH STREET N.W.**
 CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☐ Addition

TITLE **AS** ☐ Delete

NAME **SCHIER, JAMES R**
 STREET ADDRESS **3711 CORTEZ RD, W**
 CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☐ Addition

TITLE **VSD** ☐ Delete

NAME **LOVINGOOD, JOAN**
 STREET ADDRESS **4560 COOPER RD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 13 2000

941-756-0677

CR2E034 (9/99)