

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K35050**

1. Entity Name

Village Designs, Inc.

FILED

02 AUG 29 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3711 Cortez Rd W

3. Mailing Address

3711 Cortez Rd W

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

BRADENTON FL

City & State

BRADENTON FL

Zip

34210

Country

US

Zip

34210

Country

US

4. FEI Number

65-0077667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

James R. Schier

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

3711 Cortez Rd W

City

BRADENTON

FL

Zip Code

34210

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

James R. Schier
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)
James R. Schier

8/27/02
DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **D**
NAME *Charlene J Neal*
STREET ADDRESS *1003 59th ST NW*
CITY-ST-ZIP *BRADENTON FL 34209*

TITLE **PAST**
NAME *Charlene J Neal*
STREET ADDRESS *1003 59th ST NW*
CITY-ST-ZIP *BRADENTON FL 34209*

TITLE **AS**
NAME *James R. Schier*
STREET ADDRESS *3711 Cortez Rd W*
CITY-ST-ZIP *BRADENTON FL 34210*

TITLE **USD**
NAME *Joan Houngood*
STREET ADDRESS *4560 Cooper Rd*
CITY-ST-ZIP *Sarasota FL 34232*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT *01-02*

400007520104--2

-09/05/02--01003--003

******900.00 ****900.00**

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James R. Schier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02 941-328-1040
Date Daytime Phone #

CR2E034B (12/01)