2002 UNIFORM BUSINESS REPORT (UBR) L63094 DOCUMENT

1. Entity Name

A & B VILLAS LTD., INC.

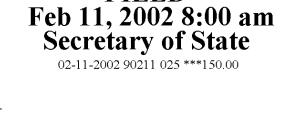
Principal Place of Business 1115 NICKI RIDGE CT KISSIMMEE FL 34747

Mailing Address

1115 NICKI RIDGE CT KISSIMMEE FL 34747

2. Principal Place of Business			
Suite, Apt. #, etc.			

3. Mailing Address



FILED



Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	FEI Number 59-3006435			pplied For lot Applicable	
Zip	Country	Zip Countr		5.	Certificate of	Status Desired	\$8.75 Ac	8.75 Additional	
6. Nar	ne and Address of Current Re	egistered Agent		7.	Name and Ad	idress of New Registe	ered Agent		
JOHNSTON, BRIAN			Na	me			neu ngem		
1115 NICKI RIDGE		Street Address (P		et Address (P.O.	D. Box Number is Not Acceptable)				
KISSIMMEE FL 342	4/							ĺ	
			Cit	/			FL Zip Coo	de	
SIGNATURE	itity submits this statement for t			ce or registered as			ATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to De		2 Fee will be to Depart	e \$550.00 ment of State	D.00 Trust Fund Contribution. State 10. Election Campaign Financing St.00 May Be Added to Fees			d to Fees		
11.	OFFICERS AND DI	RECTORS	12.	Αί	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
STREET ADDRESS CITY-ST-ZIP 1115 NICKISSIMM	on, Brian J. CKI RIDGE CT EE FL	□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	ESS			Change	Addition .	
TITLE DVT NAME JOHNST	ON, ANGELA Y.	☐ Delete	TITLE		7		☐ Change	☐ Addition	
	CKI RIDGE CT		NAME						
			STREET ADDI	ESS					
CITY-ST-ZIP KISSIMM	EE FL		CITY-ST-ZIP						
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TITLE		☐ Delete	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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP