## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jun 04, 2003 8:00 am Secretary of State **DOCUMENT#** P00000053245 06-04-2003 90094 004 \*\*\*150.00 1. Entity Name VILLA UCCI PROPERTIES, INC. Mailing Address Principal Place of Business 127 E. TAMPA AV. 127 E. TAMPA AV. SUITE 3 SUITE 3 VENICE FL 34285 VENICE FL 34285 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 62-1846039 Not Applicat Zio Country Country 7in \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDWARDS, DIAN M Street Address (P.O. Box Number is Not Acceptable) 1842 40TH TERRACE S.W. NAPLES FL 34116 City Zin 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. I am familiar with, and accept the obligations of registered SIGNATURE title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWLL FEE-IS-3150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VSCM TITLE THLE ☐ Change Additi Delete VELLUCCI, MICHAEL J NAME NAME 1200 GULF BLVD. STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Additi NAME VELLUCCI, MICHAEL J NAME STREET ADDRESS 1200 GULF BLVD STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-S1-ZIP Additi ☐ Oelete TITLE ☐ Change TITLE NAME = -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HITLE ☐ Delete Change Ariditi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Additi TITLE NAME NAME STREET ADDRESS STREET ADDRESS

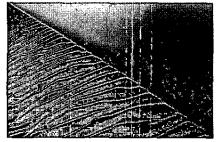
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12. Thereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directo of the corporation or the receiver trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment the analysis of the corporation of the receiver trustee expowered. changed, or on an attachment

CITY-ST-ZIP

City-St-7/P

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## SHA ACCOUNTING SERVICES, 400

1852-B 40TH TERR SW NAPLES, FL 34116

TEL: 239-455-3047 FAX: 239:455-5133

EMAIL: ALPHA595 THOTMAIL.COM

May 28, 2003

Florida Dept of State **Division of Corporations** Tallahassee, FL 6327

Dear Sir or Madam:

Re: VILLA UCCI PROPERTIES INC - P0000053245

Please note that our client did not receive his annual report for 2003 in in order to renew his corporation.

Our client did notify your office of his new address but he did not receive his form. Please note that his new address is 1200 GULF BLVD, ENGLEWOOD, FL 34223.

We also enclose for your attention, completed annual report form which we downloaded from the internet, along with check for \$150.00 for the filing fees.

Yours truly,

ACCOUNTANT