2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State DOCUMENT # P00000081621 1. Entity Name 05-07-2002 90359 009 ***150.00 VILANO OAKS DEVELOPMENT, INC. Principal Place of Business Mailing Address 4315 PABLO OAKS COURT, STE. 1 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667 JACKSONVILLE FL 32224-9667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3673141 Not Applicable Zip Zip Country Country \$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 STOKES, E. CHESTER, JR. STOKES, E. CHESTER JR. Street Address (P.O. Box Number is Not Acceptable) 4315 PABLO OAKS COURT, SUITE 1 9551 BAYMEADOWS SUITE 4 JACKSONVILLE FL 32256 City 710 Code **JACKSONVILLE** 🗤 submite the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named a E. Chester Stokes, Jr. 4/17/02 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition STOKES, E. CHESTER JR. NAME 4315 PABLO OAKS COURT, STE. 1 STREET ADORESS STREET ADDRESS JACKSONVILLE FL 32224-9667 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME BERGMANN, THOMAS C NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-ZIP . JACKSONVILLE FL 32224-9667 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BRAREN, MICHAEL E NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224-9667 TITLE Delete TITLE ☐ Change **文**ddition NAME WALLACE, L. DENISE NAME KUNKEL, JOHN C. STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS 4315 PABLO OAKS COURT, SUITE 1 CITY-ST-ZIP Jacksonville FL 32224-9667 CITY-ST-ZIP <u>JACKSONVILLE, FL 32224-9667</u> TITLE ☐ Delete TITLE ☐ Change Addition FREDENHAGEN, SHARON W NAME STREET ADDRESS STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224-9667 □ Delete TITLE ☐ Change Addition NAME HICE, SHERRY NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS

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.

CITY-ST-ZIP

JACKSONVILLE FL 32224-9667

CITY-ST-ZIP

Sherry Hice, Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

904/482-1100