FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90164 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000006558

DOCUMENT #

1. Entity Name
VILLAGE MALL INC.

Principal Place of Business 3888 N LECANTO HWY BEVERLY HILLS FL 34465

Mailing Address 3888 N LECANTO HWY 8EVERLY HILLS FL 34465

2. Principal F	Place of Business	3. Mailing Address				(
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			4. FEIN	59-3694015		Applied For Not Applicable	
Zip	Country Zip		Cou	ntry	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					
	<u> </u>	· ·		Name	ر راي ي مد	and the second seco			
MELTON, M KELLEY				Street Address (P.O. Box Number is Not Acceptable)					
2530 W FAIFAX CT				Street Address (F.O. Box Number is Not Acceptable)					
LECANTO	FL 34461								
LLO/WITO	12 04401								
				City			FL Zip Ci	ode	
8. The above	named entity submits this statement	for the purpose of c	nanging its registe	red office or regis	stered agent.	or both, in the State of Florida. I	am familiar wit	h, and accept	
	tions of registered agent.	ror are perpetual	Kanging no region	. a a mod or rogic	otorou ugom,			n, and accept	
SIGNATURE	Signature, typed or printed name of registered ag-	ant and title if applicable	(NOTE: Begiste	red Agent signature requ	uired when reinstat	ing) DA	ATE		
		, and the mapping and the mapp	(IVOTE: Nogialo						
	ILE NOW!!! FEE IS \$150.00	<u>†</u>				9. Election Campaign Financing	. \$5	.00 May Be	
After May 1, 2003 Fee will be \$550.00					Trust Fund Contribution.		led to Fees		
Make Check	k Payable to Florida Department	of State						ļ	
10.	OFFICERS AN	ID DIRECTORS	11		ADDIT	ONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 11	
TITLE	DP		Delete TIT	LE			☐ Change	e 🔲 Addition	
NAME	Gardiner, Elouise K	•	NA	ме				Ì	
STREET ADDRESS	3888 N LECANTO HWY		STI	REET ADDRESS				`	
CITY-ST-ZIP	BEVERLY HILLS FL 34465		CIT	Y-ST-ZIP					
TITLE	DVST		Delete TIT	LE	•••		☐ Change	e 🔲 Addition	
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STREET ADDRESS	2530 W FAIRFAX CT		STI	REET ADDRESS					
CITY-ST-ZIP	LECANTO FL 34461		CIT	Y-ST-ZIP				ĺ	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE OR DISCOURS OFFICER OR DIRECTOR

CITY-ST-ZIP

H-7.03 352-746-221

CR2E034 (10/02