

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90514 049 \*\*\*150.00

DOCUMENT # **P01000018529**

1. Entity Name

**R&D Villas, Inc.**



Principal Place of Business

Mailing Address

**FL**

2. Principal Place of Business

**14835 Bellezza Lane**

3. Mailing Address

**14835 Bellezza Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

**Naples FL**

Zip

**34110**

Country

**US**

Zip

**34110**

Country

**US**

4. FEI Number

**59-3706814**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**Ganick, Thomas B.  
5551 Ridgewood Dr. Ste 101  
Naples, FL 34108**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip 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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Jon Huberton  
14835 Bellezza Lane  
Naples, FL 34110**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Ross Christensen  
847 West 14th Street  
Waterloo, IA 50702**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Brad Jones  
2108 Manhattan Blvd  
Spirit Lake, IA 51360**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**President / Treasury / Secretary**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Director**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Director**

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

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 the empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/03 239 592-0134**

Date

Daytime Phone #

CR2E034 (10/02)