

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90124 037 ***150.00

DOCUMENT # P02000111373

1. Entity Name
VILLAGE GRASS INC.



Principal Place of Business
641 CLEARLAKE RD., UNIT 63
COCOA FL 32922

Mailing Address
641 CLEARLAKE RD., UNIT 63
COCOA FL 32922



2. Principal Place of Business

641 Clearlake Rd

3. Mailing Address

1440 melrose ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit # 63

City & State

Cocoa FL

City & State

Cocoa FL

4. FEI Number

30-0152326

Applied For

Not Applicable

Zip

Country

32922

Zip

Country

32922

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STICKLE, CURTIS B
1440 MELROSE ST.
COCOA FL 32922

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

03-25-03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STICKLE, ELAINE	
STREET ADDRESS	1512 HARVARD DR.	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DANNY	
STREET ADDRESS	105 POLARIS ST.	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	STICKLE, CURTIS B	
STREET ADDRESS	1440 MELROSE ST.	
CITY-ST-ZIP	COCOA FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE:

Signature of Curtis B. Stickle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-25-03 631-7913

CR2E034 (10/02)