

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90740 025 ***150.00

DOCUMENT # PO2000114605
1. Entity Name VILCO 19, INC.

DO NOT WRITE IN THIS SPACE

90123026

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 1200 MAIN STREET	Suite, Apt. #, etc. P.O. BOX 2759
City & State FT. MYERS BEACH, FL	City & State FT. MYERS BEACH, FL
Zip 33931	Zip 33932-2759
Country US	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0489127	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent
	Name VILLERS, JOSEPH A.
	Street Address (P.O. Box Number is Not Acceptable) 1200 MAIN STREET
	City FT. MYERS BEACH, FL
	Zip Code 33931

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PVSTD VILLERS, JOSEPH A. 1200 MAIN STREET FT. MYERS BEACH, FL 33931	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE *Joseph A. Villers* **JOSEPH A. VILLERS** **4/29/03** **(239) 463-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #