

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

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

05-02-2003 90740 023 ***150.00

DOCUMENT # PO2000114640
1. Entity Name VILCO 17, INC.

DO NOT WRITE IN THIS SPACE

00143048

2. Principal Place of Business	3. Mailing Address
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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 Country
33931 US

Zip Country
33932-2759 US

4. FEI Number
03-0489117

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 Zip Code
FT. MYERS BEACH, FL 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
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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 #