

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

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

05-02-2003 90740 018 ***150.00

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| DOCUMENT # PO2000114786 |
| 1. Entity Name VILCO 7, INC. |

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90123033

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|---------------------------------------|---------------------------|
| 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 33931 | Zip 33932-2759 |
| Country US | Country US |

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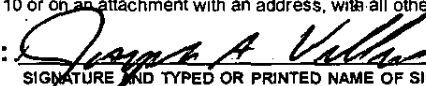
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| 4. FEI Number 03-0488949 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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** _____

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| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVD VILLERS, JOSEPH A. 1200 MAIN STREET FT. MYERS BEACH, FL 33931 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD VILLERS, JOYCE 1200 MAIN STREET FT. MYERS BEACH, FL 33931 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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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 | 4/29/03 | (239) 463-7000 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |