

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

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

05-02-2003 90740 020 ***150.00

DOCUMENT # PO2000114787
1. Entity Name VILCO 14, INC.

DO NOT WRITE IN THIS SPACE

90123031

2. Principal Place of Business Suite, Apt. #, etc. 1200 MAIN STREET City & State FT. MYERS BEACH, FL Zip 33931 Country US	3. Mailing Address Suite, Apt. #, etc. P.O. BOX 2759 City & State FT. MYERS BEACH, FL Zip 33932-2759 Country US
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 03-0489046	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	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	PVD 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 #