

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90829 025 ***150.00

DOCUMENT # P92000009617

1. Entity Name
THE HERTFORD VILLA, INC.



Principal Place of Business
**2904 PADDINGTON WAY
LINDFIELD
KISSIMMEE FL 34747**

Mailing Address
**7 NORTH ROAD
STEVENAGE
HERTS SG1 4BD
UK**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **98-0141872**

Applied For

Not Applicable

- Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUSTON, MICHAEL
2904 PADDINGTON WAY
LINDSFIELDS
KISSIMMEE FL 34747**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AUSTON, MICHAEL
51 SKEGNESS ROAD
STEVENAGE SG12HS** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2904 PADDINGTON WAY
LINDFIELD, KISSIMMEE FL 34747** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
AUSTON, ELAINE
51 SKEGNESS ROAD
STEVENAGE SG12HS** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2904 PADDINGTON WAY
LINDFIELDS - KISSIMMEE FL 34747** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRE ELAINE AUSTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8 JAN 2003** Day Phone #

CR2E034 (10/02)