2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000081574

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME STREET ADDRESS

TITLE

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NAME

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NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

Name

City

City & State

1. Entity Name

Suite, Apt. #, etc.

HOWELL, KEVIN E JR

9. This corporation is eligible to satisfy its Intangible

HOWELL, KEVIN E JR.

19302 GUNN HWY

ODESSA FL 33556

Tax filing requirement and elects to do so.

(See criteria on back)

DPST

19302 GUNN HWY ODESSA FL 33556

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

City & State

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIF

11.

TITLE

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE

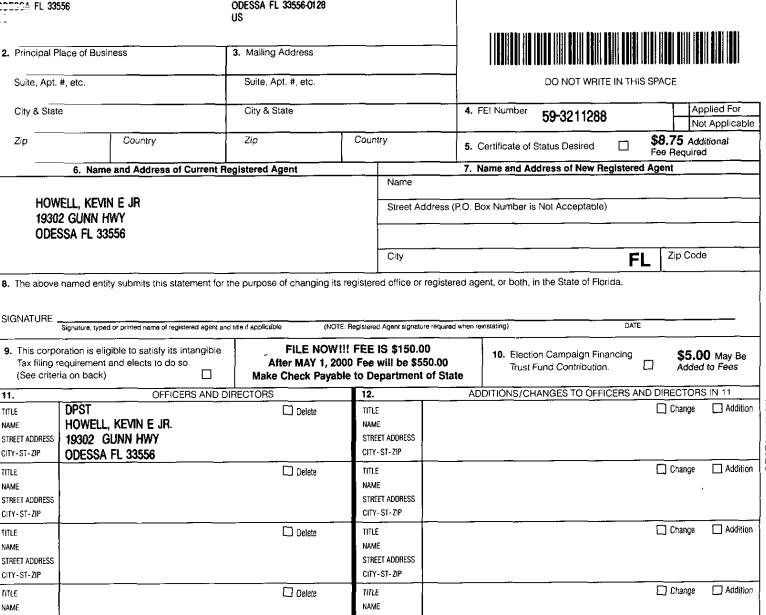
TITLE

NORTH VILLAGE, INC.

Mailing Address Principal Place of Business P O BOX 128 19302 GUNN HWY 00000A FL 33556 ODESSA FL 33556-0128 2. Principal Place of Business 3. Mailing Address

May 04, 2000 8:00 am Secretary of State

05-04-2000 90230 026 ***150.00



CITY-ST-ZIP 13. 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 11 or Block 12 if

SIGNATURE:

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition