

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90496 021 ***150.00

DOCUMENT # P94000065179

1. Entity Name
VILLAGE INVESTMENTS, INC.



Principal Place of Business
**6270 N. HWY A1A
VERO BEACH FL 32963
US**

Mailing Address
**6270 N. HWY A1A
VERO BEACH FL 32963
US**



2. Principal Place of Business

3. Mailing Address

5070 N. Hwy. A1A

5070 N. Hwy. A1A

(Suite) Apt. #, etc.

(Suite) Apt. #, etc.

H

H

City & State

City & State

Vero Beach, FL

Vero Beach, FL

Zip

Zip

32963

32963

Country

Country

USA

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0520360**

Applied For
Not Applicable

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

**ROSE, MICHAEL L
6270 N HWY A1A
VERO BEACH FL 32963**

Name
Rose, Gretchen E.
Street Address (P.O. Box Number is Not Acceptable)
5070 N. Hwy. A1A, Suite H

City **Vero Beach** **FL** Zip Code **32963**

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 *Gretchen E. Rose* **Owner, President** **2/28/03**
(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	D	<input type="checkbox"/> Delete
NAME	ROSE, GRETCHEN E	
STREET ADDRESS	71 CACHE CAY DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSE, MICHAEL L	
STREET ADDRESS	71 CACHE CAY DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President (Gretchen E. Rose)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, GRETCHEN E.	
STREET ADDRESS	811 Island Club Square	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 (772) 234-5222
Date Daytime Phone #

CR2E034 (10/02)