

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

**FILED
Mar 31, 2002 8:00 am
Secretary of State**

03-31-2002 90360 002 ***150.00

DOCUMENT # P96000080031
1. Entity Name Hidden Villas, Inc. ✓

DO NOT WRITE IN THIS SPACE

752349

2. Principal Place of Business 536 Frank Shaw Rd. 3. Mailing Address same
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Tallahassee, FL. City & State
Zip 32312 Country USA Zip Country

4. FEI Number 59-3403800 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Porter E. Chandler
Street Address (P.O. Box Number is Not Acceptable)
536 Frank Shaw Rd.
Tallahassee, FL Zip 32312

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.
SIGNATURE Porter E. Chandler DATE 3/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Richard L. Singletary, Jr.</u> <u>102 Chukkars Dr.</u> <u>Thomasville, GA. 31792</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President</u> <u>Porter E. Chandler</u> <u>536 Frank Shaw Rd.</u> <u>Tallahassee, FL. 32312</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an attachment with an address, with all other like empowered.
SIGNATURE: Porter E. Chandler DATE 3/18/02 (850) 668-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR