2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000090538 HISTORIC VILLAGE EMPORIUM, INC. Mailing Address Principal Place of Business 20607 W PENNSYLVANIA AVE 20607 W PENNSYLVANIA AVE **DUNNELLON FL 32630 DUNNELLON FL 32630** US HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEi Number Zip Country Zip Country 6. Name and Address of Current Registered Agent Name MARTIN, ROBERT F III Street Address (P.O. Box Number is Not Acceptable) 20607 W PENNSYLVANIA AVENUE **DUNNELLON FL 32630** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible

MARTIN, ROBERT I

DUNNELLON FL 32630

20607 W PENNSYLVANIA AVENUE

OFFICERS AND DIRECTORS

Tax filing requirement and elects to do so.

(See criteria on back)

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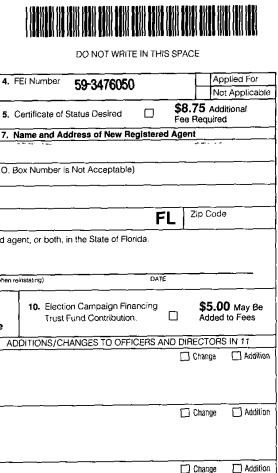
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FILED Jan 10, 2001 8:00 am Secretary of State

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CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 chapter do not not appear twith an address with all other like empowered.

CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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SIGNATURE:	ROBERT F MACTIN	TEPLOS,	1/5/01	15/01		
SIGNATURE AND TYPED OR PRINTED NAI	ME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #	