

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90238 031 ***150.00

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DOCUMENT # P97000108347

1. Entity Name
VILLAS BY THE SEA DEVELOPMENT, INC.



Principal Place of Business
**8085 N ATLANTIC AVE
CAPE CANAVERAL FL 32920**

Mailing Address
**8085 N ATLANTIC AVE
CAPE CANAVERAL FL 32920**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
976 Brevard Ave.
Suite, Apt. #, etc.
Suite A
City & State
Rockledge, FL.
Zip
32955
Country
Brevard.

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SOILEAU, JOHN L
1970 MICHIGAN AVE, BLDG C
COCOA FL 32922**

4. FEI Number
59-3571450

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 *Karen Rumble-Fisher* (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

TITLE	D	<input type="checkbox"/> Delete
NAME	RUMBLE, GEORGE	
STREET ADDRESS	8085 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, KAREN Rumble	
STREET ADDRESS	8085 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Rumble	
STREET ADDRESS	976 Brevard Ave., Suite A,	
CITY-ST-ZIP	Rockledge, Florida 32955	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Rumble-Fisher	
STREET ADDRESS	976 Brevard Ave., Suite A,	
CITY-ST-ZIP	Rockledge, Florida 32955	
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: *Karen Rumble-Fisher* Date: *Jan 28/03* Daytime Phone #: *905-842-5595*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)