

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90013 027 \*\*\*150.00

**DOCUMENT # P98000009903**

1. Entity Name  
**SOUTH VILLAGE, INC.**



Principal Place of Business  
**4647 E ROBIN HOOD TR  
SARASOTA FL 34232-2642  
US**

Mailing Address  
**4647 E ROBIN HOOD TR  
SARASOTA FL 34232-2642  
US**

2. Principal Place of Business

3. Mailing Address

**2315 53rd St**  
Suite, Apt. #, etc.

**2315 53rd St**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

4. FEI Number **65-0812754**

Applied For  
Not Applicable

Zip Country  
**34234-3107 SARASOTA**

Zip Country  
**34234-3107 SARASOTA**

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

**PAQUETTE, DENNIS  
4647 E. ROBINHOOD TRAIL  
SARASOTA FL 34232-2642**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2315 53rd St**

City **SARASOTA**

FL

Zip Code **34234**

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

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

(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 ☐ Delete  
NAME **D PAQUETTE, DENNIS**  
STREET ADDRESS **4647 E ROBINHOOD TRAIL**  
CITY-ST-ZIP **SARASOTA FL 34232-2642**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **2315 53rd St**  
CITY-ST-ZIP **SARASOTA FL 34234-3107**

TITLE ☐ Delete  
NAME **D PHILLIPS, PHILIP L**  
STREET ADDRESS **4647 E ROBINHOOD TRAIL**  
CITY-ST-ZIP **SARASOTA FL 34232-2642**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **2315 53rd St**  
CITY-ST-ZIP **SARASOTA FL 34234-3107**

TITLE ☐ Delete  
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☐ Change ☐ Addition  
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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 title empowered.

SIGNATURE: **Dennis Paquette**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/2/03**  
Date

Daytime Phone #

CR2E034 (10/02)