## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

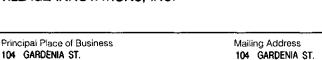
## Apr 21, 2003 8:00 am Secretary of State **FILED** 04-21-2003 90487 023 \*\*\*150.00

P98000049923 DOCUMENT #

1. Entity Name

TAVERNIER FL 33070

VILLAGE INNOVATIONS, INC.





. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & Class	City & State	

TAVERNIER FL 33070



2. Principal Place of Bus	siness	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State City & State		<u>-</u>		4. FEI Number	FEI Number 65-0842655		pplied For lot Applicable	
Zip	Country	Zip Cour			5. Certificate of Status Desired S8.75 Additional Fee Required			Iditional
6. Nan	ne and Address of Curren	t Registered Agent				Address of New Register	ed Agent	
a sometimes and the second of			Name					
Blackman, William e Jr. 104 Gardenia St. Tavernier fl 33070		•	Street Address (P.O. Box Number is Not Acceptable)					
			(	City	<del></del>	F	Zip Cod	de
<ol><li>The above named en the obligations of regi</li></ol>		for the purpose of changing	its registered of	office or registere	ed agent, or both	, in the State of Florida. 1 a	am familiar with	, and accept
SIGNATURE								
Signature, type	ed or printed name of registered agen	nt and title if applicable. (N	VOTE: Registered Ag	ent signature required	when reinstating)	DA	E	
After May 1, 2	III FEE IS \$150.00 003 Fee will be \$550.00 to Florida Department o					tion Campaign Financing t Fund Contribution.		OO May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFICERS A	AND DIRECTOR	RS IN 11
STREET ADDRESS 104 GA	AN, WILLIAM E JR RDENIA ST. ER FL 33070	□ Delete	TITLE NAME STREET A CITY-ST-				☐ Change	☐ Addition
itle (Ame Street Address City-St-Zip		☐ Deleta	TITLE NAME STREET A CITY-ST-				☐ Change	Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A			ž i vyze:	Change	☐ Addition
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ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-			·	☐ Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	01	☐ Defete	TITLE NAME STREET AG CITY-ST-				☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not dealify 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 the receiver of the empowered to reccute this report as required by chapter 607, Florida Statutes; and that my name appears in Block 10 or Block, 11 if of the corporation or the re-changed, or on an attachir

SIGNATURE:

SWNATURE SUIRE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF PRECTOR