

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90186 047 ***150.00

DOCUMENT # P99000021326

1. Entity Name

PRODOTTI VILLA LTD INC

Principal Place of Business

Mailing Address

**2637 GRAFTON DRIVE
 ORANGE PARK FL 32065**

**2637 GRAFTON DRIVE
 ORANGE PARK FL 32065-6365**

2. Principal Place of Business
Florida

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1185143

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

0002054



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEIHART, MARIA V
 2637 GRAFTON DRIVE
 ORANGE PARK FL 32065**

Name

Neihart, Maria V. *Pls correct spelling*

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	<input type="checkbox"/> Delete
NAME	Neihart, Maria V.	
STREET ADDRESS	2637 Grafton Drive	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Neihart, Gary C	
STREET ADDRESS	2637 Grafton Drive	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Hargus, Alison N	
STREET ADDRESS	2637 Grafton Drive	
CITY-ST-ZIP	Orange Park, FL 32065	
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"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria V. Neihart

Maria V. Neihart PRES 01/18/00 904-272-935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #