

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90208 001 ***150.00

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DOCUMENT # P99000024978

1. Entity Name
VILLA BALLERO, INC.



Principal Place of Business
**36468 EMERALD COAST PKWY
6101
DESTIN FL 32541**

Mailing Address
**PO BOX 309
FT WALTON BCH FL 32549**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3565267**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

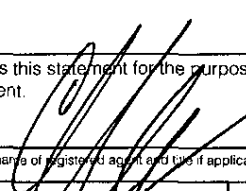
7. Name and Address of New Registered Agent

**KRUSE, CRAIG J
10 RACETRACK ROAD NW
FORT WALTON BEACH FL 32547**

Name
Kruse, Craig J
Street Address (P.O. Box Number is Not Acceptable)

**36468 Emerald Coast Pkwy #6101
Destin FL 32541**

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 **4/28/03**

**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 **P** ☐ Delete
NAME **KRUSE, CRAIG J**
STREET ADDRESS **10 RACETRACK ROAD NW**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☒ Change ☐ Addition
NAME **36468 Emerald Coast Pkwy #6101**
STREET ADDRESS **DESTIN, FL 32541**
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **DHSM GROUP, LLC**
STREET ADDRESS **PO BOX 1808**
CITY-ST-ZIP **FT WALTON FL 32549**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SENNER, GERALD E**
STREET ADDRESS **131 LAKEWOOD ESTATE DR**
CITY-ST-ZIP **NEW ORLEANS LA 70131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **See attached**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 information empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 850-269-1212

Date

Daytime Phone #

CR2E034 (10/02)