

FILED  
Apr 18, 2003 8:00 am  
Secretary of State

04-18-2003 90176 001 \*\*\*150.00

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

DOCUMENT # P99000046930

1. Entity Name

The Vilano Group, Inc.



**DO NOT WRITE IN THIS SPACE**

80087400

2. Principal Place of Business

160 Vilano Rd.

Suite, Apt. #, etc.

3. Mailing Address

160 Vilano Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

59-3591577

Applied For

Not Applicable

Zip

32084

Country

Zip

32084

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Hall, Charles E.

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

77 Almeria Street

City

St. Augustine

FL

Zip Code  
32084

**DO NOT WRITE  
IN THIS SPACE**

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

4/17/03

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P Smith, Shelia  
132 Randolph Green  
Williamsburg, VA 23185

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V Smith, Daniel M. Jr.  
132 Randolph Green  
Williamsburg, VA 23185

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ST Sculley, Steven  
1 Springhouse Rd.  
Weaverville, NC 28787

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

Date

904 806 1757

Daytime Phone #

CR2E034B (12/02)