

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90200 032 ***150.00

DOCUMENT # P99000104341

1. Entity Name
VILLANT PROPERTIES, INC.



Principal Place of Business
**2408 INDIAN TRAIL WEST
PALM HARBOR FL 34683**

Mailing Address
**2408 INDIAN TRAIL WEST
PALM HARBOR FL 34683**



2. Principal Place of Business
35246 US HWY 19N #102

3. Mailing Address
35246 U.S. HWY 19N #102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

4. FEI Number **59-3618273**

Applied For
☐ Not Applicable

Zip
34684

Country
Pinellas

Zip
34684

Country
Pinellas

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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. 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

TITLE **PSTD**
NAME **VILLASUSO, ANTONIO**
STREET ADDRESS **2408 INDIAN TRAIL WEST**
CITY-ST-ZIP **PALM HARBOR FL 34683**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**
NAME **VILLASUSO, ANTONIO**
STREET ADDRESS **35246 US HWY 19N #102**
CITY-ST-ZIP **PALM HARBOR, FL 34684**

☒ Change ☐ Addition

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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 like empowered.

SIGNATURE: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03 727-639-6489

Date

Daytime Phone #

CR2E034 (10/02)