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

1. Entity Name HIDDEN VILLAGE. INC.    Mailing Address   Soz NW 16TH AVENUE   Soz NW 16TH AVENUE   GAINESVILLE FL 32601   US	\$8.75 Fee Req Registered Agent	50.00  BES  Applied For Not Applicable Additional
SQZ NW 16TH AVENUE GAINESVILLE FL 32601 US  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Suite, Apt. #, etc.  City & State  Country  Suite, Apt. #, etc.  Check He  Check He  Name  Street Address of Current Registered Agent  Name  Street Address of Net  Name  Street Address (P.O. Box Number is Not Accepte  City  Suite, Apt. #, etc.  Check He  Name  Street Address of Net  Name  Street Address of Net  Name  Street Address (P.O. Box Number is Not Accepte  City  Suite, Apt. #, etc.  Check He  Name  Street Address of Net  Name  Street Address of Net  Name  Street Address (P.O. Box Number is Not Accepte  City  Suite, Apt. #, etc.  Check He  Name  Street Address of Net  Name  Street Address of Net  Name  Street Address of Net  Note: Registered agent or registered agent, or both, in the State of  the obligations of registered agent and stife if applicable.  (NOTE: Registered Agent signature required when reinstating)  PD  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  Delete  NAME  STREET ADDRESS  CITY-ST-2IP  ADDITIONS/CHANGES TO COUNTS STREET ADDRESS  CITY-ST-2IP	48 S8.75 Fee Req	Applied For Not Applicable Additional
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Signature, speed or printed name of registered agent and still # applicable.  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  Sirect Address of Status Desire  (NOTE: Registered Agent signature required when reinstating)  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  ITILE  WARREN, MICHAEL E.  SIRECT ADDRESS  SIRECT ADDRESS  SIRECT ADDRESS  SIRECT ADDRESS  CITY-ST-ZIP  COUNTRY  5. Certificate of Status Desire  7. Name and Address of Net  Name  Street Address (P.O. Box Number is Not Accepte  City  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O. Box Number is Not Accepte  City  Street Address (P.O	48 S8.75 Fee Req	Applied For Not Applicable Additional
City & State  Country  5. Certificate of Status Desire  6. Name and Address of Current Registered Agent  7. Name and Address of Net  Name  WARREN, MICHAEL E.  502 NW 16TH AVENUE  GAINESVILLE FL 32601  City  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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO COUNTRILE  WARREN, MICHAEL E.  502 NW 16TH AVENUE  GAINESVILLE FL  SIREET ADDRESS CITY-ST-ZIP  GAINESVILLE FL  City State  7. Name and Address of Net  Name  Name  Name  Name  Name  North Accepte  North Registered Agent signature required when reinstating)  9. Election Campaign Trust Fund Contribution  STREET ADDRESS CITY-ST-ZIP  GAINESVILLE FL  CITY-ST-ZIP  COUNTRY  5. Certificate of Status Desire  (NOTE: Registered Office or registered agent, or both, in the State of the obligations of registered agent, or both, in the State of the obligations of registered agent, or both, in the State of the obligations of registered agent, or both, in the State of the obligations of registered agent, or both, in the State of the obligations of registered agent, or both, in the State of Net Name  Name  Name  1. A DDITIONS/CHANGES TO COUNTRY  STREET ADDRESS CITY-ST-ZIP  CIT	48 S8.75 Fee Req	Applied For Not Applicable Additional
Zip Country Zip Country 5. Certificate of Status Desire  6. Name and Address of Current Registered Agent 7. Name and Address of New Name Name Street Address (P.O. Box Number is Not Accepted City Street Address (P.O. Box Number is Not Accepted Agent Street Address (P.O. Box Number is Not Accepted Street Address (P.O. Box Number is Not Accepted Street Address (P.O. Box Number is Not Accepted City Street Address (P.O. Box Number is Not Accepted Agent Street Address (P.O. Box Number is Not Accepted to P.O. Box Number is Not Accepted City Street Address (P.O. Box Number is Not Accepted City Street Address (P.O. Box Number is Not Accepted City Street Address (P.O. Box Number is Not Accepted City Street Address (P.O. Box Number is Not Accepted City Street Address (P.O. Box Number is Not Accepted City Street Address (P.O. Box Number is Not Accepted City Street Address (P.O. Box Number is Not Accepted Street Address (P.O. Box Number is Not Accepted City Street Address (P.O. Box Number is Not Accepted Agent Street Address (P.O. Box Number is Not Accepted Agent Street Address (P.O. Box Number is Not Accepted Agent Street Address (P.O. Box Number is Not Accepted Agent Street Address (P.O. Box Number is Not Accepted Agent Street Address (P.O. Box Number is Not Accepted Agent Street Address (P.O. Box Number is Not Acce	\$8.75 Fee Req Registered Agent	Not Applicable Additional
6. Name and Address of Current Registered Agent  7. Name and Address of New Name  WARREN, MICHAEL E.  502 NW 16TH AVENUE GAINESVILLE FL 32601  City  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 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)  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO COMMENT OF THE NAME STREET ADDRESS CITY-ST-ZIP  WARREN, MICHAEL E.  502 NW 16TH AVENUE GAINESVILLE FL  CITY-ST-ZIP  CITY-ST-ZIP  Street Address of New Name  Street Address (P.O. Box Number is Not Accepts  Not Accepts  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Accepts  Not Accepts  Not Accepts  Tity  Street Address (P.O. Box Number is Not Accepts  Not Accepts  Name  Name  Name  Street Address (P.O. Box Number is Not Accepts  Not Accepts  Not Accepts  Name  Name  Street Address (P.O. Box Number is Not Accepts  Not Accepts  Not Accepts  Name  Name  Street Address (P.O. Box Number is Not Accepts  Not Accepts  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Accepts  Name  Name  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Accepts  Name	Fee Req	Additional
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WARREN, MICHAEL E.  502 NW 16TH AVENUE GAINESVILLE FL 32601  City  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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and take if applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO CONTINUE  WARREN, MICHAEL E.  STREET ADDRESS CITY-ST-ZIP  GAINESVILLE FL  Street Address (P.O. Box Number is Not Accepted Street Address (P.O. Bo	-	
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12. I hereby certify that the information supplied with this filing does not pealify for the exemption stated in Section 119.07(3)(i), Florida Statute indicated on this report or supplemental report is true and accurate any that my signature shall have the same legal effect as if made und of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my natchanged, or on an attachment with an address with all other like empowered.	<u> —</u> онан	

SIGNATURE:

Date

(352) 375-4600