

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90491 046 \*\*\*150.00

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

DOCUMENT # *P98000022309*  
 1. Entity Name  
*VAMAR'S INC*

**90099505**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>2195 HARDEY ST</i>	3. Mailing Address <i>SAME AS BLOCK 21</i>
Suite, Apt. #, etc. <i>P.O. FL</i>	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip <i>33980</i>	Country <i>CHARLOTTE</i>	Zip	Country
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4. FEI Number <i>65-0819521</i>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

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7. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City <i>FL</i> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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

TITLE <i>PRESIDENT</i> NAME <i>VARON LINDO</i> STREET ADDRESS <i>2195 HARDEY STREET,</i> CITY - ST - ZIP <i>PORT CHARLOTTE FL. 33980</i>
TITLE <i>V.P. PRES &amp; SECRETARY</i> NAME <i>MARJORIE B. LINDO</i> STREET ADDRESS <i>2195 HARDEY ST.</i> CITY - ST - ZIP <i>P.C. FL. 33980</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marjorie B. Lindo (MARJORIE B. LINDO)* 4/16/04 (941) 766-1309  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/01)