

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90494 018 ***150.00

DOCUMENT # 490644

1. Entity Name
VIN-DOTCO, INC.

Principal Place of Business

**2875 MCI DRIVE
 PINELLAS PARK FL 33782
 US**

Mailing Address

**2875 MCI DRIVE
 PINELLAS PARK FL 33782
 US**

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

59-1657040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOTOLO, CONNIE C
 2875 MCI DRIVE
 PINELLAS PARK FL 33782**

Name **DOTOLO, RAYMOND**

Street Address (P.O. Box Number is Not Acceptable)
2875 MCI DRIVE

City **PINELLAS PARK**

FL

Zip Code
33782

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 *Raymond Dotolo*
 Signature typed or printed name of registered agent and title if applicable.

Raymond Dotolo

04/30/02

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCOB** ☐ Delete
 NAME **DOTOLO, VINCENT A**
 STREET ADDRESS **2875 MCI DRIVE**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **COB/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CEO** ☐ Delete
 NAME **DOTOLO, CONNIE C**
 STREET ADDRESS **2875 MCI DRIVE**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **VST/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VST** ☒ Delete
 NAME **DOTOLO, MARIA R**
 STREET ADDRESS **2875 MCI DRIVE**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/D** ☐ Change ☒ Addition
 NAME **DOTOLO, JOHN**
 STREET ADDRESS **2875 MCI DRIVE**
 CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP/D** ☐ Change ☒ Addition
 NAME **DOTOLO, RAYMOND**
 STREET ADDRESS **2875 MCI DRIVE**
 CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond Dotolo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E034 (9/01)