

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694122

1. Entity Name
VINANN, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90236 017 ***550.00

Principal Place of Business

91200 OVERSEAS HWY
#16
TAVERNIER FL 33070
US

Mailing Address

91200 OVERSEAS HWY
#16
TAVERNIER FL 33070
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 59-2100424

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CHARLES TITTLE
91760 OVERSEAS HWY
TAVERNIER FL 33070

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	P	NAME	BIONDOLETTI, JOSEPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			154 DICKIE WAY	
CITY-ST-ZIP			TAVERNIER FL	
TITLE	ST	NAME	BIONDOLETTI, SHANNON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			154 DICKIE WAY	
CITY-ST-ZIP			TAVERNIER FL	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM E. SUTTER	
STREET ADDRESS	120 KEY HEIGHTS DR	
CITY-ST-ZIP	TAVERNIER, FLA 33070	
TITLE	SEC. TR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUZANNE Y. GUNVILLE	
STREET ADDRESS	120 KEY HEIGHTS DR	
CITY-ST-ZIP	TAVERNIER, FLA 33070	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

1-305-852-8239

CR2E034 (5/00)