

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90763 005 ***150.00

DOCUMENT # F00000004741

1. Entity Name
THE VINE CONNECTION, LTD. CORPORATION



Principal Place of Business

**ROUTE 220
PO BOX 225
WARM SPRINGS VA 24484**

Mailing Address

**ROUTE 220
PO BOX 225
WARM SPRINGS VA 24484**

2. Principal Place of Business

**Route 220
Suite, Apt. #, etc.
P.O. Box 414**

3. Mailing Address

**Route 220
Suite, Apt. #, etc.
P.O. Box 414**

City & State
Hot Springs, VA

City & State
Hot Springs, VA

Zip Country
24445 USA

Zip Country
24445 USA

4. FEI Number
54-1906643

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BAUER, STEPHEN
104 E 3RD AVE
MOUNT DORA FL 32757**

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 **C** ☐ Delete
NAME **BAUER, SHIRLEY**
STREET ADDRESS **ROUTE 220**
CITY-ST-ZIP **WARM SPRINGS VA 24484**

TITLE **VC** ☐ Delete
NAME **BAUER, STEPHEN**
STREET ADDRESS **ROUTE 220**
CITY-ST-ZIP **WARM SPRINGS VA 24484**

TITLE **D** ☐ Delete
NAME **SHENK, DOROTHY**
STREET ADDRESS **3346 REDBUD LANE**
CITY-ST-ZIP **HARRISONBURG VA 22801**

TITLE **D** ☐ Delete
NAME **SHENK, CLAYTON**
STREET ADDRESS **3346 REDBUD LANE**
CITY-ST-ZIP **HARRISONBURG VA 22801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **104 E. 3rd Ave.**
CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **104 E. 3rd Ave.**
CITY-ST-ZIP **Mt Dora, FL 32757**

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

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: **Shirley Bauer** **4/26/03** **352/735-9822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)