

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K 61831** ✓

1. Entity Name  
**VIN-TIGUES, INC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN 10 PH 2:27

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**56 CHARLOTTE ST.**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 1131**

Suite, Apt. #, etc.

City & State

**ST. AUGUSTINE, FL**

City & State

**ST. AUGUSTINE**

Zip  
**32084**

Country  
**US**

Zip  
**32085**

Country  
**US**

FBI Number

**59-2942670**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**CAINE, PRISCILLA**

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

**56 CHARLOTTE ST**

City

**ST. AUGUSTINE**

FL

Zip Code

**32084**

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

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
CAINE PRISCILLA  
56 CHARLOTTE ST.  
ST. AUGUSTINE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000020965910  
06/18/03--01039--008 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
CAINE, RICHARD B.  
56 CHARLOTTE ST.  
ST. AUGUSTINE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Priscilla Caine** Priscilla Caine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/03

(904) 829-0841

Date

Daytime Phone #

CR2E034B (12/02)

ATTACHMENT



Confirming the telecom of June 5, 2003, from  
Rep. Doug Stiles office, enclosed is the 2003 U.B.P. form.

As explained, the U.S. Post Office in St. Augustine  
Florida was returning to sender all mail addressed to  
Vin-Tiques Inc. The Post Master explained that the  
internal label on the postal box listed only our  
personal name and that the Vin-Tiques label on  
the box had fallen off. As a result personnel was  
returning to sender all Vin-Tiques mail.

Enclosed is a check for \$150 to satisfy the  
requirement.

Thank you for your consideration,  
Priscilla Caine