

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90342 014 \*\*\*\*50.00

**DOCUMENT # L98000000262**

1. Entity Name  
**VIALE PRODUCTS L.C.**



Principal Place of Business  
**13803 W. HILLSBOROUGH AVE.  
TAMPA FL 33635**

Mailing Address  
**13803 W. HILLSBOROUGH AVE.  
TAMPA FL 33635**

2. Principal Place of Business

3. Mailing Address

**6302 BENJAMIN RD**

**6302 Ben Jamin Rd.**

Suite, Apt. #, etc.  
**SUITE 405**

Suite, Apt. #, etc.

**SUITE 405**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33634**

Country  
**USA**

Zip  
**33634**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3558327**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINTERS, JEFFREY  
3945 FLORAMAR TERRACE  
NEW PORT RICHEY FL 34652**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
GITTO, JEFFREY  
4950 BAYSHORE BLVD., #2  
TAMPA FL 33611**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5  
5508 N. MIAMI AVE  
TAMPA, FL 33604**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
WINTERS, JEFFREY  
3945 FLORAMAR TERRACE  
NEW PORT RICHEY FL 34652**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
JONES, HANNS F  
1412 1/2 7TH AVENUE NORTH  
ST. PETERSBURG FL 33705**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
GELINI, FLOYD  
41 BURR FARMS RD  
NESTPORT CT 06880**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
GELINI, PATTI  
41 BURR FARMS ROAD  
WESTPORT CT 06880**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HOLTON, MICHAEL  
12201 ELSMERE COURT  
TAMPA FL 33602**

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**JEFFREY WINTERS**

**1/20/03**

**813-881-1220**

CR2E083 (10/02)