

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90183 025 \*\*\*150.00

**DOCUMENT # P00000018843**

1. Entity Name

**WILLIAM VINES & ASSOCIATES, INC.**



Principal Place of Business

**1129 S. RIDGEWOOD AVE., SUITE 1  
DAYTONA BCH FL 32114**

Mailing Address

**1129 S. RIDGEWOOD AVE., SUITE 1  
DAYTONA BCH FL 32114**

**10026076**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3639060**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**VINES, WILLIAM E JR.**

**1129 S. RIDGEWOOD AVE., SUITE 1**

**DAYTONA BCH FL 32114**

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 X**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**VINES, WILLIAM E JR.**  
**1129 S. RIDGEWOOD AVE., SUITE 1**  
**DAYTONA BCH FL 32114** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2.24.03**

Date

**386.257-1556**

Daytime Phone #

CR2E034 (10/02)

Attachment  
10028576  
P00000018843  
**WILLIAM VINES & ASSOCIATES INC.**

**STOCK LEDGER AND TRANSFER LEDGER**

STOCKHOLDERS NAME/ADDRESS	DATE ISSUED	NAME OF SECURITY NUMBER	CERTIFICATE SHARES	VALUE OF TRANS	DATE	CERTIFICATES TRANSFERRED	SHARES TRANS	BANCE SHARES
WILLIAM E. VINES DAYTON BEACH	021700	WVA 0001	2000					2000
RUTH B. VINES DAYTON BEACH	021700	WVA 0003	1000					1000

As determined by the Share holders of this corportation, and recorded in the minutes of the annual meeting, all shareholders are responsible for paying any personal property tax with respect to the shares held in this Florida Corporation.

For the year 2002 the value of each share held has not increased. The market value for the shares held in William Vines & Associates Inc. is shown above.

Ruth B. Vines  
Secretary