FILED
Jun 16, 2002 8:00 am
Secretary of State
05-13-2002 90166 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000028091

1. Entity Name
VNEA-FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
975 Imperial Golf Course Blvd.	975 Imperial Golf Course Blvd.
Suite, Apt. #, etc. # 78	Suite, Apt. #, etc. # 78
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34110 Country COLLIER	Zip 34110 Country COLLIER

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0992333 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ANTHONY FALCIGNO

Street Address (P.O. Box Number is Not Acceptable) 975 Imperial Golf Course Blvd.

City NAPLES FL Zip Code 34110

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 Anthony J. Falcigno 4/26/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ANTHONY FALCIGNO PRESIDENT 975 Imperial Golf Course Blvd. #78 NAPLES, FL 34110
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CR2E034B (12/01)

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

SIGNATURE: Anthony J. Falcigno 4/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #