2001 UNIFORM BUSINESS REPORT (UBR)

UNIEVARD PRINTING, INC. 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 ***150.00 01-30-2001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 90122 001 9012	1. Entity Nan	MENT	# P0000	ISINESS REP 0041885	ORT (UBR		Mar 01	FILED , 2001 tary of	
ISSUE COLOMAL DR ORLANDO FL 33930 2. Principal Place of Blusimess 3. Mailing Address Suite, Apt. 8, etc. Suite	VINEYAI	RO PRIN	IING, INC	المنطقينية ع	🔻			•	
ISSUE COLOMAL DR ORLANDO FL 33930 2. Principal Place of Blusimess 3. Mailing Address Suite, Apt. 8, etc. Suite	D. I - I - I - I				· · · · · · · · · · · · · · · · · · ·				
2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. DO NOT Write in Tries SPACE City & State City & Stat			ss	•					
Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE									
Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE								Ben 1 ab en 1 aben 1 aben 1 aben 1	
City & State City & State City & State City & State City & State Country St. Continued of Status Desired _ St. 75 Additional Fee Requirement Agent St. 75 Additional Fee Requirement Ag	2. Principal P	lace of Busi	ness	3. Mailing Address					18181 8111 8881
Zip	Suite, Apt. #, etc.			Suite, Apt. #, etc.	"	DO NOT WRITE IN THIS SPACE			
S. Name and Address of Current Registered Agent	City & Stat	e.		City & State	· · · · · · · · · · · · · · · · · · ·			′ \	
6. Name and Address of Current Registered Agent ASMA, WILLIAM N 888 SOUTH DILLARD ST. WINTER GARDEN FL 34787 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. Signilar III 9. This corporation is eligible to satisfy its Intagable III 1- Task filing registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS 150.00 Make Check Payable to Department of State WARE	Žip		Country	Zip	Country			□ \$8.75 Ac	Iditional
ASMA, WILLIAM N 888 SOUTH DILLARD ST. WINTER GARDEN FL 34787 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Dity FL Zip Code FL Signarus, your or protect-runn of regulated aper soci days a segistered agent, or both, in the State of Florida. SIGNATURE Signarus, your or protect-runn of regulated aper soci days layer for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signarus, your or protect-runn of regulated aper soci days layer for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signarus (In the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signarus (In the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signarus (In the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE Signarus (In the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE Signarus (In the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE Signarus (In the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE (In the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE (In the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE (In the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE (In the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE (In the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE (In the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE (In the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE (In the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE (In		6. Name	and Address of Curr	ent Registered Agent				Fee Requir	ed
### Street April PLILARD ST. WINTER GARDEN FL 34787 City FL Zip Codo					Name			<u> </u>	
B. 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, tipsed or protect named of registered segment of vicinity in the State of Florida.	886	SOUTH DI	llard St.		Street Addr	ess (P.O. E	lox Number is Not Acceptable)		
SIGNATURE Signature to be a present amount for the purpose of changing its registered office or registered egent, or both, in the State of Florida. Signature, upded a present amount of implication appear and tall its spriciable. P. This corporation is eligible to satisfy its Intangible of Satisfy its					City			Zip Coo	de
Systems, typed or pretend came of inguitered appert and call all applicables. (NOTE: Registered Appert or bigstered registered appert and called the comparison in ealigible to satisfy list Intangible. 9. This corporation in ealigible to satisfy list Intangible. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 15. OFFICERS AND DIRECTORS IN MAKE 15. O	B. The above	named entit	ly submits this statemen	nt for the purpose of changing it	Ls registered office or reg	gistered ag	ent, or both, in the State of Flori		
TITLE NAME NAME VINEYARD, DEBRA L 1650 E COLONIAL DR. ORLANDO FL 32803 TITLE NAME SIREET ADDRESS CITY-ST-2P CITY-ST-2P	Tax filing'r	equirement							
VINEYARD, DEBRA L 1650 E CQLONIAL DR. ORLANDO FL 32803 ORLANDO FL		ia on back)		Make Check Paya	ble to Department of	.00 State	Trust Fund Contribution.	Adde	d to Fees
NAME STREET ADDRESS	11.			Make Check Paya ND DIRECTORS	able to Department of	.00 State	Trust Fund Contribution.	ERS AND DIRECTOR	d to Fees
NAME STREET ADDRESS	11. ITTLE	D VINEYAR	OFFICERS A D, DEBRA L	Make Check Paya ND DIRECTORS	able to Department of 12. πιε	.00 State	Trust Fund Contribution.	ERS AND DIRECTOR	d to Fees
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	IT. ITYLE NAME STREET ADDRESS	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	Make Check Paya ND DIRECTORS	12. TITLE NAME STREET ADDRESS	.00 State	Trust Fund Contribution.	ERS AND DIRECTOR	d to Fees
CITY-ST-ZIP	I 1. Ittle Vame Street address City-St-Zip	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	☐ Make Check Paya	12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	.00 State	Trust Fund Contribution.	Adde	d to Fees
AMAE STREET ADDRESS STREET ADDRESS CITY- ST-ZIP TITLE AMAE STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TY- ST-ZIP TITLE AME STREET ADDRESS TY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS TREET ADDRESS	ITTLE IAME STREET ADDRESS SITY-ST-ZIP ITTLE IAME	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	☐ Make Check Paya	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	.00 State	Trust Fund Contribution.	Adde	d to Fees
STREET ADDRESS CITY-ST-ZIP TITLE MAME INTEGRANDESS CITY-ST-ZIP TITLE MAME ITHEET ADDRESS CITY-ST-ZIP TITLE MAME T	ITTLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	☐ Make Check Paya	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	.00 State	Trust Fund Contribution.	Adde	d to Fees
TITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITTLE ITTL	11. ITTLE VAME STREET ADDRESS SITY-ST-ZIP TILE VAME STREET ADDRESS SITY-ST-ZIP TITLE	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	Make Check Pays ND DIRECTORS Delete	12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	.00 State	Trust Fund Contribution.	ERS AND DIRECTOR Change	d to Fees IS IN 11 Addition Addition
AMME TREET ADDRESS TITY-ST-ZIP TITLE AMME TREET ADDRESS TITY-ST-ZIP TITLE TREET ADDRESS	11. ITTLE VAME STREET ADDRESS ITTY-ST-ZIP ITLE VAME STREET ADDRESS CITY-ST-ZIP ITLE ITLE ITLE	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	Make Check Pays ND DIRECTORS Delete	12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	.00 State	Trust Fund Contribution.	ERS AND DIRECTOR Change	d to Fees IS IN 11 Addition Addition
TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ITTLE VAME STREET ADDRESS SITY-ST-ZIP ITLE STREET ADDRESS CITY-ST-ZIP ITLE ITLE IAME ITLE IAME ITREET ADDRESS	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	Make Check Pays ND DIRECTORS Delete	12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	.00 State	Trust Fund Contribution.	ERS AND DIRECTOR Change	d to Fees IS IN 11 Addition Addition
TITLE Change Addition INAME INAME INTY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Addition Addition AME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	11. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	Make Check Paya ND DIRECTORS Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	.00 State	Trust Fund Contribution.	Adde	d to Fees IS IN 11 Addition Addition Addition
AME TREET ADDRESS TREET ADDRESS TITY-ST-ZIP TITLE TITLE TITLE TREET ADDRESS	IT. ITTLE IAME ITTLE IAME	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	Make Check Paya ND DIRECTORS Delete Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	.00 State	Trust Fund Contribution.	Adde	d to Fees IS IN 11 Addition Addition Addition
TITLE Change Addition AME STREET ADDRESS TITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	11. ITTLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	Make Check Paya ND DIRECTORS Delete Delete Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	.00 State	Trust Fund Contribution.	Adde	d to Fees IS IN 11 Addition Addition Addition
TITLE AME IREET ADDRESS ITY-ST-ZIP TITLE TITLE Change Addition Addition STREET ADDRESS CITY-ST-ZIP	IT. ITTLE IAME ITTLE ITTLE IAME ITTLE I	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	Make Check Paya ND DIRECTORS Delete Delete Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	.00 State	Trust Fund Contribution.	Adde	d to Fees IS IN 11 Addition Addition Addition
AME IREET ADDRESS ITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	IT. ITTLE IAME ITTLE I	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	Make Check Paya ND DIRECTORS Delete Delete Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	.00 State	Trust Fund Contribution.	Adde	d to Fees IS IN 11 Addition Addition Addition
TY-ST-ZIP CITY-ST-ZIP	11. ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITLE VAME STREET ADDRESS CITY-ST-ZIP ITLE VAME VALUE	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	Make Check Pays ND DIRECTORS Delete Delete Delete Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	.00 State	Trust Fund Contribution.	Adde ERS AND DIRECTOR Change Change Change	d to Fees SIN 11 Addition Addition Addition Addition
	11. ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	Make Check Pays ND DIRECTORS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	.00 State	Trust Fund Contribution.	Adde ERS AND DIRECTOR Change Change Change	d to Fees SIN 11 Addition Addition Addition Addition
	11. ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE VAME STREET ADDRESS VITY-ST-ZIP ITILE VAME VITY-ST-ZIP ITILE VAME VITY-ST-ZIP ITILE VAME VITY-ST-ZIP ITILE VAME VITY-ST-ZIP VITLE VAME VITY-ST-ZIP VITLE VAME VITY-ST-ZIP VITLE VAME VITY-ST-ZIP VITLE VAME VAM	D VINEYAR 1650 E C	OFFICERS A D, DEBRA L OLONIAL DR.	Make Check Pays ND DIRECTORS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	.00 State	Trust Fund Contribution.	Adde ERS AND DIRECTOR Change Change Change	d to Fees SIN 11 Addition Addition Addition Addition
	ITTLE IAME ITTRET ADDRESS ITTY-ST-ZIP ITTLE ITTRET ADDRESS ITTY-ST-ZIP ITTLE ITTRET ADDRESS ITTY-ST-ZIP ITTLE	D VINEYARI 1650 E C ORLANDO	OFFICERS A D, DEBRA L OLONIAL DR. D FL 32803	Make Check Pays ND DIRECTORS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD AD AD Section 1	Trust Fund Contribution. DITIONS/CHANGES TO OFFIC	Adde ERS AND DIRECTOR Change Change Change Change	d to Fees SIN 11 Addition Addition Addition Addition Addition