

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

DOCUMENT # **P01000019371**

1. Entity Name

VINEYARD FOX COMPANY, INC.



FILED

**Apr 24, 2003 8:00 am
Secretary of State**

04-24-2003 90210 004 ***150.00

Principal Place of Business
402 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL 32034

Mailing Address
402 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL 32034

2. Principal Place of Business
3. Mailing Address
P.O. BOX 473

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
FERNANDINA BEACH FL

Zip **32034** Country **NASSAU**

4. FEI Number **59-3700109** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLINCH, KAVANAUGH E
402 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL 32034

6. Name and Address of New Registered Agent
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)

4-23-03

DATE

FILE NOW!!! FEE IS \$150.00
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 FIELDS, WILLIAM J 402 CENTRE STREET SUITE 200 FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAVANAUGH, E. CLINCH 402 CENTRE STREET SUITE 200 FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 9847530370

Daytime Phone #