FILED
Jul 04, 2002 8:00 am
Secretary of State
05-21-2002 91240 033 ***150.00

37569

DO NOT WRITE IN THIS SPACE

5/21

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066374

1. Entity Name
LIN VIN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2288 FOXTAIL DR W PALM BCH FL 33415	2288 FOXTAIL DR W PALM BCH FL 33415

2. Principal Place of Business	3. Mailing Address
2994 Jog Road	2288 Foxtail Dr.
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.
City & State: Green Acres Fl.	City & State: West Palm Beach Fl.
Zip: 33463 Country: Palm Beach	Zip: 33415 Country: Palm Beach

4. FEI Number: 65-1123671 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PYTLINSKI, VINCENT T
2288 FOXTAIL DR
W PALM BCH FL 33415

7. 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.

SIGNATURE ______________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTRS PYTLINSKI, VINCENT T 2288 FOXTAIL DR W.PALM BCH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTRS PYTLINSKI, LINDA L 2288 FOXTAIL DR W PALM BCH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~MYERS, SCOTT~~ ~~2618 MARCHINSKI~~ JUPITER FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vincent T. Pytlinski 4-26-02 561 966 4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #