


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 032 ***150.00

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

DOCUMENT # P01000077360

1. Entity Name
VINNYGEE, INC.



Principal Place of Business
 2628 FOWLER STREET
 FORT MYERS, FL 33901

Mailing Address
 2628 FOWLER STREET
 FORT MYERS, FL 33901

2. Principal Place of Business
 279 Ground Dove Circle

3. Mailing Address
 279 Ground Dove Circle

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
 Lehigh, FL

City & State
 Lehigh, FL

4. FEI Number
65-1129169

Applied For...
 Not Applicable

Zip
 33936

Country
 USA

Zip
 33936

Country
 USA

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

6. Name and Address of Current Registered Agent

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS, FL 33919

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
 APRIL MAY 2002 FEE WILL BE \$150.00
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, VINCENT <input type="checkbox"/> Delete 2820 FOWLER STREET FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BAILEY, GARFIELD D 2820 FOWLER STREET FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T Smith, Vincent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 279 Ground Dove Circle Lehigh, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bryan, Robert Alphonso 279 Ground Dove Circle Lehigh, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bryan, Gilburn 279 Ground Dove Circle Lehigh, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **2/28/03** DAYTIME PHONE #: **239-281-5888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)