

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90010 002 ***150.00

DOCUMENT # P01000083240

1. Entity Name

Vermilion Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3802 W. Dr. Martin Luther King

Suite, Apt. #, etc.

3. Mailing Address

3802 W. Dr. MLK Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3754117

Applied For

Not Applicable

Zip

Country

33614

Zip

Country

33614

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)

700 Brickell Ave

Suite 3000

City

Miami

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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

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
P	George M. Steinbrenner, III	1 Steinbrenner Dr.	Tampa, FL 33614
T	Anthony Bruno	1 Steinbrenner Dr	Tampa, FL 33614
S	Norman Stallings, Jr.	1 Steinbrenner Dr	Tampa, FL 33614

**DO NOT WRITE
IN THIS SPACE**

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 empower.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

813-873-3130

Date

Daytime Phone #

CR2E034B (12/01)