

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90007 020 \*\*\*150.00

**DOCUMENT # P01000108327**

1. Entity Name

**VILANO PARTNERS, INC.**

Principal Place of Business

~~310 GENOA ROAD  
ST. AUGUSTINE FL 32084~~

Mailing Address

~~310 GENOA ROAD  
ST. AUGUSTINE FL 32084~~

2. Principal Place of Business

~~140 Villano Rd. St. Aug 32084~~

3. Mailing Address

~~140 Villano Rd. St. Aug. 32084~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

~~St. Augustine, FL~~

City &amp; State

~~St. Augustine, FL~~

Zip

~~32084~~

Country

~~St. Thomas~~

Zip

~~32084~~

Country

~~St. Thomas~~

4. FEI Number

~~59-3752735~~

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PELLISER, CHARLES E ESQ.**  
**28 CORDOVA ST.**  
**ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

**D. Thomas Blanchard**

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

**310 Genoa Rd.**

City

**St. Augustine**

FL

Zip Code  
**32084**

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

**D. Thomas Blanchard Pres.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-25-02**

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

TITLE **P** ☐ Delete  
 NAME **BLANCHARD, D. THOMAS**  
 STREET ADDRESS **310 GENOA ROAD**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **V** ☐ Delete  
 NAME **MCGONIGLE, W. MICHAEL**  
 STREET ADDRESS **49 ZAMORA ST.**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**D. Thomas Blanchard****Pass. 4-25-02 904-826-3628**

Date

Daytime Phone #

CR2E034 (9/01)