

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90189 011 \*\*\*150.00

**DOCUMENT # P01000113058**

1. Entity Name  
**VINCENT J. GRECO, INC.**



Principal Place of Business  
**4561-262 BAY BEACH LANE  
FORT MYERS BEACH FL 33931**

Mailing Address  
**4561-262 BAY BEACH LANE  
FORT MYERS BEACH FL 33931**



2. Principal Place of Business

**20350 SUMMERLIN ROAD**

3. Mailing Address

Suite, Apt. #, etc.

**4141**

Suite, Apt. #, etc.

City & State

**FORT MYERS FL**

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **80-0003306**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LARROW, PAUL L  
3501-302 DEL PRADO BLVD  
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name **LARROW PAUL L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3501 DEL PRADO BLVD**  
**Suite 312**  
City **CAPE CORAL** FL Zip Code **33904**

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 **PAUL L. LARROW** DATE **01/07/2003**

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRECO, VINCENT J</b>	
STREET ADDRESS	<b>4561-262 BAY BEACH LANE</b>	
CITY-ST-ZIP	<b>FORT MYERS BEACH FL 33931</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DPTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRECO, VINCENT J</b>	
STREET ADDRESS	<b>4561-262 BAY BEACH LANE</b>	
CITY-ST-ZIP	<b>FORT MYERS BEACH, FL 33931</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **PAUL L. LARROW**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-13-03** Daytime Phone # **590-0882**

CR2E034 (10/02)