

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012353

1. Entity Name

LENNY & VINNY'S, INC.

Principal Place of Business

Mailing Address

8405 BENJAMIN RD  
STE J  
TAMPA FL 33634  
US

8405 BENJAMIN RD  
STE J  
TAMPA FL 33634  
US

2. Principal Place of Business

3102 WEST WATERS AVENUE

3. Mailing Address

3102 WEST WATERS AVENUE

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33614

Country

Zip

33614

Country

6. Name and Address of Current Registered Agent

HANEY, R R  
101 E KENNEDY BLVD  
STE 4100  
TAMPA FL 33602

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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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  
CEO  
SAMSON, PAUL  
8405 BENJAMIN RD STE J  
TAMPA FL 33634 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
SAMSON, PAUL L.  
3102 WEST WATERS AVENUE, SUITE 201  
TAMPA FL 33614 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MARANO, BRUCE  
8405 BENJAMIN RD STE J  
TAMPA FL 33634 ☒ Delete

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

TITLE  
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☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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

PAUL L. SAMSON

Date

Daytime Phone #

813-990-8097

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90030 010 \*\*\*150.00

80053341



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3230784  
Applied For  
Not Applicable

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

CR2E034 (10/00)

0355009