

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000066911**

1. Entity Name

**LENNY & VINNY'S OF TAMPA PALMS, INC.****FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90196 042 \*\*\*150.00

0354757

Principal Place of Business

16063 TAMPA PALMS BLVD. W.  
TAMPA FL 33647  
US

Mailing Address

8405 BENJAMIN RD  
SUITE J  
TAMPA FL 33634  
US

2. Principal Place of Business

3. Mailing Address

**3102 WEST WATERS AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 201**

City &amp; State

City &amp; State

**TAMPA FL**

Zip

Country

Zip

Country

**33614**

4. FEI Number

**59-3246046**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HANEY, R REID  
101 E KENNEDY BLVD  
SUITE 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  
**DPST  
SAMSON, PAUL L.  
8405 BENJAMIN RD J  
TAMPA FL 33634** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
SAMSON, PAUL L.  
3102 WEST WATERS AVENUE  
ST. PETERSBURG FL 33614** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAUL L. SAMSON**

Date

**813-990-8097**

Daytime Phone #

CR2E034 (10/00)