

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000070613**

1. Entity Name

**LENNY & VINNY'S OF TOWN & COUNTRY, INC.**

Principal Place of Business

**8430 W. HILLSBOROUGH AVE.  
TAMPA FL 33615**

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

**59-3271622**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANEY, R REID  
101 E KENNEDY BLVD  
SUITE 4100  
TAMPA FL 33602**

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 L  
8405 BENJAMIN RD STE J  
TAMPA FL 33634** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
SAMSON, PAUL L.  
3102 WEST WATERS AVENUE, SUITE 201  
TAMPA FL 33614** **XXX** Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MARANO, BRUCE  
8405 BENJAMIN RD STE J  
TAMPA FL 33634** **XX** Delete ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete ☐ 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 SIGNED OFFICER OR DIRECTOR

**PAUL L. SAMSON**

Date

**813-990-8097**

Daytime Phone #

CR2E034 (10/00)

0355004

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

05-14-2001 90252 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE