

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90014 005 ***150.00

DOCUMENT # P96000025452

1. Entity Name
VINCE'S SPORTS ROOM, INC.



Principal Place of Business
**4255 US 1 S UNIT 11
ST AUGUSTINE FL 32086**

Mailing Address
**4255 US 1 S UNIT 11
ST AUGUSTINE FL 32086**

NEW MAILING ADDRESS

2. Principal Place of Business

3. Mailing Address
6708 HIDDEN CREEK BLVD
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST. AUGUSTINE FLA.

4. FEI Number
59-3372655

Applied For
Not Applicable

Zip

Country

Zip

Country

32086

USA

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

NEW ADDRESS SAME AGENT
CALCAGNI, VINCENT R
4255 US 1 S UNIT 11
ST AUGUSTINE FL 32086

Name
VINCENT R. CALCAGNI
Street Address (P.O. Box Number is Not Acceptable)
6708 HIDDEN CREEK BLVD
City
ST. AUGUSTINE **FL** Zip Code
32086

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CALCAGNI, VINCENT R
3385 COASTAL HIGHWAY UNIT 26
ST AUGUSTINE FL 32095

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MCKERNAN, DOREEN
3385 COASTAL HIGHWAY UNIT 26
ST AUGUSTINE FL 32095

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MAYR, EDWARD
6849 W CALUMET CIRCLE
LAKE WORTH FL 33467

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MAYR, CANDY L
6849 W CALUMET CIRCLE
LAKE WORTH FL 33467

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Vincent R. Calcagni**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 6, 03 **1-904-797-6111**
Date Daytime Phone #

CR2E034 (10/02)