

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000054660**

1. Entity Name

LENNY & VINNY'S FOURTH STREET, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90253 041 ***150.00

Principal Place of Business

**2631 4TH ST N
ST PETERSBURG FL 33704
US**

Mailing Address

**8405 BENJAMIN RD
STE J
ST PETERSBURG FL 33634
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3102 WEST WATERS AVENUE

Suite, Apt. #, etc.

SUITE 201**CITY & State
ST. PETERSBURG FL****Zip
33614**

Country

4. FEI Number: **59-3430219**

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

**REID, H R
101 E KENNEDY BLVD
STE 4100
TAMPA FL 33634**

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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
CEO SAMSON, PAUL L 8405 BENJAMIN RD STE J TAMPA FL 33634	<input type="checkbox"/> Delete	PSTD SAMSON, PAUL L. 3102 WEST WATERS AVENUE, SUITE 201 TAMPA FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P MARANO, BRUCE 8405 BENJAMIN ROAD TAMPA FL 33634	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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

813-990-8097

Daytime Phone #

CR2E034 (10/00)