

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90029 010 ***150.00

DOCUMENT # P96000061415

1. Entity Name: **VINCERO ENTERPRISES, INC.**

Principal Place of Business

**19225 SOUTHEAST 243RD ST
 HAWTHORNE FL 32640**

Mailing Address

**19225 SOUTHEAST 243RD ST
 HAWTHORNE FL 32640**

2. Principal Place of Business

2600 SE 193 AVE
 Suite, Apt. #, etc.

3. Mailing Address

2600 SE 193 AVE
 Suite, Apt. #, etc.

City & State

Hawthorne Florida

City & State

Hawthorne Florida

Zip **32640**

Country

Zip **32640**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3046692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FLANGAN, GREGORY S
 230 NORTHEAST 25TH AVENUE
 STE 200
 Ocala FL 34470**

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, 2002 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

TITLE **Director** ☐ Delete
 NAME **PATTERSON, KENNETH W**
 STREET ADDRESS **5700 SOUTHEAST 12TH ST**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ Delete
 NAME **JOHNSON, FREDERICK W**
 STREET ADDRESS **22016 MARTELLA AVENUE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP

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 **PATTERSON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-02

Date

3524815558

Daytime Phone #

CR2E034 (9/01)