FILED
Jun 19, 2002 8:00 am
Secretary of State
05-21-2002 90882 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044512 ✓

1. Entity Name
VINMAN'S INC

93682

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5028 N US 19	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY FL	City & State
Zip: 34652 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3560309 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ANDOLINO, VINCENT

Street Address (P.O. Box Number is Not Acceptable):
10039 OLD ORCHARD LANE

City: PORT RICHEY FL Zip Code: 34668

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] 4/25/02
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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	VINCENT ANDOLINO
STREET ADDRESS	2980 HICKORY DR
CITY-ST-ZIP	LARGO FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/02 727-842-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #