

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *p98000059364*

1. Entity Name

*VILANO PIER, INC.*

**FILED  
May 02, 2003 8:00 am  
Secretary of State**

05-02-2003 90244 009 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*254 VILANO RD.*

Suite, Apt. #, etc.

3. Mailing Address

*Suite, Apt. #, etc.*

*same*

City & State

*ST. AUGUSTINE, FL.*

City & State

Zip

*32084*

Country

*St. Johns*

Zip

Country

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

*59-3518823*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name *FRANK G. TIMMONS, Jr.*

Street Address (P.O. Box Number is Not Acceptable)

*250 VILANO RD.*

City

*St. Augustine, FL*

FL

Zip Code *32084*

DATE *4/30/03*

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 *Frank G. Timmons*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

January 1 - May 1: Fee is \$150.00.

After May 1, Fee is \$550.00.

Amended UBR is \$61.25

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

TITLE *PRESIDENT*  
NAME *FRANK G. TIMMONS, Jr.*  
STREET ADDRESS *250 VILANO RD.*  
CITY-ST-ZIP *ST. AUGUSTINE, Florida 32084*

TITLE  
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, trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank G. Timmons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/03*

*904-824-6844*

Date

Daytime Phone #

CR2E034B (12/02)

**DO NOT WRITE  
IN THIS SPACE**