

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

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

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

<b>DOCUMENT #</b> p98000059364
<b>1. Entity Name</b> VILANO PIER, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 254 VILANO RD.	<b>3. Mailing Address</b> Suite, Apt. #, etc. SAME
<b>City &amp; State</b> ST. AUGUSTINE FL.	<b>City &amp; State</b> ST. AUGUSTINE FL.
<b>Zip</b> 32084	<b>Country</b> ST. JOHNS

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-8518823	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> FRANK G. TIMMONS, JR.
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 250 VILANO RD.
<b>City</b> ST. AUGUSTINE, FL
<b>Zip Code</b> 32084

**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**  **DATE** 4/30/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	FRANK G. TIMMONS, JR.	250 VILANO RD.	ST. AUGUSTINE, FLORIDA 32084
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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

**SIGNATURE:**  **DATE** 4/30/03 **Daytime Phone #** 904-824-6844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)