

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090801

1. Entity Name

VINE TALK INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90123 003 \*\*\*158.75

Principal Place of Business

Mailing Address

2699 SEVILLE BLVD. SUITE 209  
 CLEARWATER FL 33764

2699 SEVILLE BLVD. SUITE 209  
 CLEARWATER FL 33764-1143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3540904**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CZUPOWSKI, TOM  
 11300 4TH ST. N. SUITE 180  
 ST. PETERSBURG FL 33716

Name

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

19417 GULF BLVD A-112

City

INDIAN SHORES

FL

Zip Code

33785

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, 2000 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 ☐ Delete  
 NAME P  
 STREET ADDRESS PECCHIA, W D  
 CITY-ST-ZIP 2699 SEVILLE BLVD #209  
 CLEARWATER FL 33766

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

TITLE ☒ Delete  
 NAME VP  
 STREET ADDRESS HALE, NORM  
 CITY-ST-ZIP 6055 OREGON AVE #10  
 TAMPA FL 33600

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

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS CZIPPOROSKI, TOM  
 CITY-ST-ZIP 11501 12TH E #1001  
 ST PETERSBURG FL 33716

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 19417 GULF BLVD A-112  
 CITY-ST-ZIP INDIAN SHORES FL 33785

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Tom Czupowski*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

727-578-0066

CR2E034 (9/99)