

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041148

1. Entity Name
VYNAWOOD, INC.



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90004 031 ***150.00

Principal Place of Business

115 LAKE GEM DR.
LONGWOOD FL 32750

Mailing Address

115 LAKE GEM DR.
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

115 LAKE GEM DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

59-3572532

Applied For

Not Applicable

Zip

Country

32750

Seminole

Zip

Country

32750

Seminole

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTZ, DARRELL
115 LAKE GEM DR.
LONGWOOD FL 32750

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

8-14-00

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 \$550.00 / 150.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
OWNER
DARRELL BARTZ
115 LAKE GEM DR. DR. DR. DR.
Longwood FL 32750

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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

TITLE
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CITY-ST-ZIP
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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-2000

Daytime Phone #

CR2E034 (5/00)

Attachment P99 000041148 DW79570

To. Division OF CORPORAATIONS

I. Do NOT Reseue AT

FIRST NOTICE

I Am Sending The \$150.00 fee
Now!

From:

Vynawood Inc.

DARRELL BARTZ

Darrell Bartz