

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60148

1. Entity Name  
VINTAGE INDUSTRIES, INC.

ck# 3225  
luch

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90256 021 \*\*\*150.00

Principal Place of Business

781 BIG TREE DRIVE  
LONGWOOD FL 32750  
US

Mailing Address

781 BIG TREE DRIVE  
LONGWOOD FL 32750  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3090272

Applied For  
Not Applicable

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

WELZBACHER, MARK F.  
781 BIG TREE DRIVE  
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

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, 2001 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 P ☐ Delete  
NAME VALLONE, JOSEPH R  
STREET ADDRESS 215 REGIS CT  
CITY-ST-ZIP LONGWOOD FL 32729

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

TITLE VD ☐ Delete  
NAME VALLONE, RUSSELL C.  
STREET ADDRESS 1601 TORRINGTON CIR  
CITY-ST-ZIP LONGWOOD FL

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

TITLE SDV ☐ Delete  
NAME WELZBACHER, MARK F.  
STREET ADDRESS 2731 GOLDEN EAGLE POINT  
CITY-ST-ZIP LAKE MARY FL 32746

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

TITLE TDV ☐ Delete  
NAME VALLONE, JAMES C.  
STREET ADDRESS 185 CITATION CT.  
CITY-ST-ZIP LAKE MARY FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH R. VALLONE 4/20/01 407-831-8949

Date

Daytime Phone #

CR2E034 (10/00)