

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V36317**

1. Entity Name

LENNY & VINNY'S OF CARROLLWOOD, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90096 040 ***150.00

Principal Place of Business

11101 NO. DALE MABRY
TAMPA FL 33618

US

Mailing Address

8405 BENJAMIN RD
SUITE J

TAMPA FL 33634

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3102 WEST WATERS AVENUE

Suite, Apt. #, etc.

SUITE 201

City & State

TAMPA FL

Zip

33614

Country

4. FEI Number **59-3134572**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

REID, HANEY R
101 E KENNEDY BLVD, STE 4100
STE 180
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **SAMSON, PAUL L.**
STREET ADDRESS **8405 BENJAMIN RD J**
CITY-ST-ZIP **TAMPA FL 33634**TITLE **CEO** ☒ Delete
NAME **SAMSON, PAUL L**
STREET ADDRESS **8405 BENJAMIN RD STE J**
CITY-ST-ZIP **TAMPA FL 33634**TITLE **P** ☒ Delete
NAME **MARANO, BRUCE**
STREET ADDRESS **8405 BENJAMIN RD STE J**
CITY-ST-ZIP **TAMPA FL 33634**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME **SAMSON, PAUL L.**
STREET ADDRESS **3102 WEST WATERS AVENUE, SUITE 201**
CITY-ST-ZIP **TAMPA FL 33614**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

PAUL L. SAMSON**813-990-8097**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)