

FILED
Aug 14, 2002 8:00 am
Secretary of State

07-28-2002 90201 015 ***150.00
08-14-2002 90023 014 ***400.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H59796

1. Entity Name
ORANGE-CO DISPENSER SERVICES, INC.

Principal Place of Business
12010 NE HWY 70
ARCADIA FL 34266
US

Mailing Address
12010 NE HWY 70
ARCADIA FL 34266
US

2. Principal Place of Business
12010 N.E. HWY 70
Suite, Apt. #, etc.

3. Mailing Address
12010 N.E. HWY 70
Suite, Apt. #, etc.

City & State
ARCADIA, FLORIDA
Zip **34266** Country **USA**

City & State
ARCADIA, FLORIDA
Zip **34266** Country **USA**

4. FEI Number **59-2639355**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEWLIN, JEROME M
12010 NE HWY 20
ARCADIA FL 34266

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 \$550.00
After September 13, 2002 Fee 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STERN, DANIEL 650 MADISON AVE 26TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUFF, CRAIG 650 MADISON AVE 26TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP ZETLIN, GREG 650 MADISON AVE 26TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE FRANCO, SAL 650 MADISON AVE 26TH FLOOR NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELSHER, CELIA 650 MADISON AVE 26TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Goldberg, Aaron 650 Madison Avenue, 26th Floor New York, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.15.2002
Date

Daytime Phone #

CR2E034 (4/02)



Attachment

H59796

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 30, 2002

ORANGE-CO DISPENSER SERVICES, INC.
12010 NE HWY 70
ARCADIA, FL 34266 US

Subject: **ORANGE-CO DISPENSER SERVICES, INC.**

Reference Number: **H59796**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN
ANNUAL REPORTS SECTION

850-245-6059
Uniform
Business
Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314