2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
03-13-2001 90322 041 ***158.75

DOCUMENT # P99000010015

1. Entity Name

ENVIRONMENTAL DISPENSING CORPORATION

Principal Place of Business	Mailing Address

D0024960

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20935 NE 37TH COURT	20935 NE 37TH COURT
Suite, Apt. #, etc. GOLDEN POINTE	Suite, Apt. #, etc. GOLDEN POINTE
City & State AVENTURA, FL	City & State AVENTURA, FL
Zip 33180 Country MIAMI-DADE	Zip 33180 Country MIAMI-DADE

4. FEI Number ☐ 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
ANICIA R. GOODMAN 19370 COLLINS AVE C216 MIAMI, FL 33160	Name FRANK SCHRIEBER Street Address (P.O. Box Number is Not Acceptable) 20935 NE 37TH COURT, GOLDEN POINTE City AVENTURA FL Zip Code 33180

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 FRANK SCHRIEBER, PRESIDENT / Frank Schrieber
Signature, typed or printed name of registered agent and title if applicable (NOT 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WISE, BRIAN A 17968 SW 36TH ST MIRAMAR FL 33029	☑ Delete	P, S, D FRANK SCHRIEBER 20935 NE 37TH COURT GOLDEN POINTE AVENTURA, FL 33180	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODMAN, ANICIA R 19370 COLLINS AVE C216 MIAMI BEACH FL 33160	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOUTHWELL, DAVID W 16191 NW 57 AVE MIAMI FL 33014	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: FRANK SCHRIEBER, PRESIDENT / Frank Schrieber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #