2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S18275 1. Entity Name P & P VENDING, INC.					FILED Jan 20, 2000 8:00 am Secretary of State			
Principal Plac	o of Business	Mailing Address			01-20-20	00 901 54 022 ***1	50.00	
Principal Place of Business 14531 LYNCH LN HUDSON FL 34667 US		14531 LYNCH LN HUDSON FL 34667-1157 US		-			 	
2. Principal P /882/ Suite, Apt.	Maj 15tic Courf	3. Mailing Address ///////////////////////////////////	8821 Majestic Oak Ct.		DO NOT WRITE IN THIS SPACE			
Hudson, FL.		City & State Hudson, FL			4. FEI Number 59-3038		Applied For Not Applicable	
3466	7 U.S.A	34661	Country 5. A		5. Certificate of Status Desire	d— □ \$8.75: Fee Req	Additional uired	
14531 LYNCH LN HUDSON FL 34667					7. Name and Address of Ne 2. T. Kalil O. Box Number is Not Accept Majestic Oal	able) C+.	Code	
8. The above	named shitly submits this statement for Signature, typed shinted name of sistered agant as	dil /			d agent, or both, in the State o	f Florida.	13-00	
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 \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Si				50.00		ution.	5.00 May Be ded to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANDOLFINO, FRANK A. 14531 LYNCH LANE HUDSON FL	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Kali 1882 Hud	ADDITIONS/CHANGES TO A CONTROL OF THE CONTROL OF TH	Chan		
TITLE NAME STREET ADDRESS _CITY-ST-ZIP	P PARENTE, OUNDO BILL 14531 LYNCH LN -HUDSON-FL	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		JUN, 12 J4	Chan	ge Addition	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 actioness, with all other like empowered. SIGNATURE: 1-13-00 727863 0971								
SIGNAL	SIGNATURE AND TYPED OR PR	INTERNAME OF SIGNING OFFICER OF	DIRECTOR		Date	Daytime Phone	*	