

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003011

1. Entity Name

AMERIDINE CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90144 040 ***150.00

Principal Place of Business

Mailing Address

~~PO BOX 507~~
~~HELENA AL 05080~~

~~PO BOX 507~~
~~HELENA AL 05080~~

5625 COUNTY ROAD 1087
 DEFUNIAK SPRINGS, FL 32433

5625 COUNTY ROAD 1087
 DEFUNIAK SPRINGS, FL 32433

2. Principal Place of Business

3. Mailing Address

5625 COUNTY ROAD 1087

5625 COUNTY ROAD 1087

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

DEFUNIAK SPRINGS, FL

DEFUNIAK SPRINGS, FL

Zip

Country

Zip

Country

32433

32433

4. FEI Number 63-1150340

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name Pure Vend Services
 Street Address (P.O. Box Number is Not Acceptable)
5625 C. R. 1087
Defuniak Springs
 City FL Zip Code 32433

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 Pure Vend Services

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

Jim Herbert

4-28-00

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 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	PC	☒ Delete
NAME	HERBERT, JAMES P	
STREET ADDRESS	495 ELVIRA ST 5625 CR 1087	
CITY-ST-ZIP	HELENA AL 05080 Defuniak Sprs. FL 32433	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

James P. Herbert

James P. Herbert

4-28-00

8508345389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #