

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 524765

1. Entity Name

LOUQUE VENDING CO., INC.

Principal Place of Business

118 W MAIN ST  
PO BOX 111  
PERRY FL 32347

Mailing Address

118 W MAIN ST  
PO BOX 111  
PERRY FL 32347

2. Principal Place of Business

711 N. ORANGE ST

Suite, Apt. #, etc.

3. Mailing Address

711 n. orange st

Suite, Apt. #, etc.

City & State

PERRY FL

City & State

PERRY FL

Zip

32347

Country

TAYLOR

Zip

32347

Country

TAYLOR

4. FEI Number

59-1735157

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

DICKSON, DAVID C.  
116 W. MAIN ST.  
PERRY FL 32347

Name

DICKSON DAVID C.

Street Address (P.O. Box Number is Not Acceptable)

711 N. ORANGE ST

City

PERRY

FL

Zip Code

32347

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 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 **P** ☐ Delete  
NAME **DICKSON, DAVID C.**  
STREET ADDRESS **116 W. MAIN ST.**  
CITY-ST-ZIP **PERRY FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **711 N. ORANGE ST**  
CITY-ST-ZIP

TITLE **VPSD** ☐ Delete  
NAME **WINDHAM, RICHARD L.**  
STREET ADDRESS **1108 CARISSA DR.**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*[Signature]*

DAVID C. DICKSON

4-30-01

850 223 3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90036 022 \*\*\*150.00

00049229



DO NOT WRITE IN THIS SPACE