

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED F01000005206

03 MAY 15 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005206

1. Entity Name
ALL SEASONS VENDING, INC.



Principal Place of Business
1265 BELMONT ST.
SUITE 2
BROCKTON MA 02301-4435

Mailing Address
1265 BELMONT ST.
SUITE 2
BROCKTON MA 02301-4435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4/28/03 91277 032 150.00
563444 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-2932058

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STCD
GLADNEY, JAMES S
1265 BELMONT ST.
BROCKTON MA 02301-4435 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BRUNO, MARK A
1265 BELMONT ST.
BROCKTON MA 02301-4435 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BALFE, MICHAEL R.B.
ONE FINANCIAL CENTER
BOSTON MA 02111 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOT
POPEO, WILLIAM G
1265 BELMONT ST, SUITE 2
BROCKTON MA 02301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BOYLAN, EDWARD
1265 BELMONT STREET
BROCKTON MA 02301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
UPAS
TRUSLOW, JAMES L
1265 BELMONT ST, SUITE 2
BROCKTON, MA 02301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
BALFE, MICHAEL R
ONE MT PLEASANT RD
CANASTOTA NY 13032 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GLADNEY, JAMES S
1265 BELMONT ST, SUITE 2
BROCKTON, MA 02301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
TRUSLOW, JAMES
1265 BELMONT STREET
BROCKTON MA 02301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRUNO, MARK A
1265 BELMONT ST, SUITE 2
BROCKTON, MA 02301 ☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

508-554-9000

Daytime Phone #

CR2E034 (10/02)