

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006766

1. Entity Name

BIG TIME VENDING, ORLANDO, INC.

Principal Place of Business

7605 PISSARRO DRIVE #304
ORLANDO FL 32819

Mailing Address

7605 PISSARRO DRIVE #304
ORLANDO FL 32819

2. Principal Place of Business

2202 Key West Ct Suite 621

3. Mailing Address

2202 Key West Ct

Suite, Apt. #, etc.

Kissimmee FL

Suite, Apt. #, etc.

Suite 621

City & State

City & State

Kissimmee FL

Zip

34741

Country

U.S.A

Zip

34741

Country

U.S.A

6. Name and Address of Current Registered Agent

HESS, JULIA
7605 PISSARRO DRIVE #304
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

WAYNE HACKNEY

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

2202 Key West Ct

Suite 621

City

Kissimmee

FL

Zip Code

34741

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

W. Hackney

WAYNE HACKNEY VDM

8/26/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE CP ☐ Delete

NAME TOMASSI, STEPHEN
STREET ADDRESS 132 EAST ANDREW AVE
CITY-ST-ZIP WILDWOOD NJ 08260

TITLE WV ☒ Delete

NAME PAWLUS, FABIO
STREET ADDRESS 5204 ARCTIC AVE.
CITY-ST-ZIP WILDWOOD NJ 08260

TITLE DS ☐ Delete

NAME PAWLUS, CLAUDIO
STREET ADDRESS 118 E. FORGET ME NOT ROAD
CITY-ST-ZIP WILDWOOD NJ 08260

TITLE TD ☒ Delete

NAME HESS, RAYMOND
STREET ADDRESS 7605 PISSARRO DRIVE #304
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME PAWLUS, Fabio
STREET ADDRESS 5204 Arctic Ave
CITY-ST-ZIP WILDWOOD NJ 08260

TITLE ☐ Change ☒ Addition

NAME WAYNE HACKNEY
STREET ADDRESS 2202 Key West Ct 621
CITY-ST-ZIP KISSIMMEE FL 34741

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/00

Date

407 343-6258

Daytime Phone #

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90040 001 ***550.00

09-15-2000 90040 002 *****8.75



DO NOT WRITE IN THIS SPACE

CR2F034 (5/00)