

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90261 016 ***150.00

DOCUMENT # F98000006766

1. Entity Name

BIG TIME VENDING, ORLANDO, INC.

Principal Place of Business

**2202 KEYWEST CT., STE. 621
KISSIMMEE FL 34741**

Mailing Address

**2202 KEYWEST CT., STE. 621
KISSIMMEE FL 34741**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3534283

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HACKNEY, WAYNE
2202 KEYWEST CT.
SUITE 621
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

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.

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, 2002 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

TITLE ☐ Delete
NAME **CP**
STREET ADDRESS **TOMASSI, STEPHEN**
CITY-ST-ZIP **132 EAST ANDREW AVE
WILDWOOD NJ 08260**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **PAWLUS, FABIO**
CITY-ST-ZIP **5204 ARTIC AVENUE
WILDWOOD NJ 08260**

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

TITLE ☐ Delete
NAME **VDM**
STREET ADDRESS **HACKNEY, WAYNE**
CITY-ST-ZIP **2202 KEY WEST CT., STE. 621
KISSIMMEE FL 34741**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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

Date

Daytime Phone #

1/15/12

407-345-6258

CR2E034 (9/01)