

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90124 006 ***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

2756 Michigan Ave

Suite, Apt. #, etc.

Suite 607

City & State

Kissimmee Florida

Zip

34744

Country

USA

3. Mailing Address

2756 Michigan Ave

Suite, Apt. #, etc.

Suite 607

City & State

Kissimmee Florida

Zip

34744

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3534283**

Applied For
Not Applicable

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. 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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 REQUIRED HACKNEY

Date

Daytime Phone #

CR2E034 (10/02)