

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G75502

1. Entity Name

SOFT DRINK SYSTEMS OF ORLANDO, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90030 002 \*\*\*150.00

Principal Place of Business 2499 OLD LAKE MARY ROAD SUITE 144 SANFORD FL 32771 US	Mailing Address 2499 OLD LAKE MARY ROAD SUITE 144 SANFORD FL 32771-4193 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <i>12 RANCH TRAIL ROAD</i> Suite, Apt. #, etc. <i>DE BARY</i> City & State <i>FL</i> Zip <i>32713</i> Country <i>USA</i>
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4. FEI Number <b>59-2390434</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MIELKE, WILLIAM L</b> <b>178 WINDSOR CT..</b> <b>SANFORD FL 32773</b>	Name Street City
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7. Name and Address of New Registered Agent <i>Change mailing address only</i>	Name Street City
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8. The above named entity submits this statement for the purpose of changing its registered office.

*William L Mielke*  
 SIGNATURE  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$**  
**After MAY 1, 2000 Fee will**  
**Make Check Payable to Depar**

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MIELKE, WILLIAM L 178 WINDSOR CT. SANFORD FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William L Mielke* **4/24/00** **407-323-4845**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)