

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90108 016 ***150.00

DOCUMENT # G75502
 1. Entity Name
SOFT DRINK SYSTEMS OF ORLANDO, INC.

Principal Place of Business 2499 OLD LAKE MARY ROAD SUITE 144 SANFORD FL 32771 US	Mailing Address 12 RANCH TRAIL RD DEBARY FL 32713 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>178 Windsor Ct</i> Suite, Apt. #, etc. SANFORD City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip 32773	Country <i>Seminole</i>	Zip	Country
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4. FEI Number 59-2390434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MIELKE, WILLIAM L
 178 WINDSOR CT..
 SANFORD FL 32773**

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's 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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND 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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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 **407 323-4845**
Date Daytime Phone #

William L Mielke

CR2E034 (10/00)