

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L48935

1. Entity Name
DEMKO VENDING, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90076 014 ***150.00

Principal Place of Business

2212 ANDREA LANE
#A
FORT MYERS FL 33912
US

Mailing Address

C/O RICHARD V.S. ROOSA
246 SW 43RD ST
CAPE CORAL FL 33914-5952
US

2. Principal Place of Business

2180 Andrea Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7

City & State
Fort Myers Florida

City & State

Zip

Country

33912

USA

Zip

Country

4. FEI Number **65-0185748**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROOSA, RICHARD V.S.
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33910

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, 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 **D** ☐ Delete
NAME **DEMLOW, WILLIAM P.**
STREET ADDRESS **246 SW 43 ST**
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

William P. Demkow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-01 941 590-0756

CR2E034 (10/00)