

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90038 043 \*\*\*150.00

**DOCUMENT # L68601**

1. Entity Name

**BREAK-TIME VENDING COMPANY, INC.**

Principal Place of Business

**1211 SEMINOLA BLVD  
121  
CASSELBERRY FL 32792  
US**

Mailing Address

**1211 SEMINOLA BLVD  
121  
CASSELBERRY FL 32792  
US**

2. Principal Place of Business

3. Mailing Address

**7130 NATHAN CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WINTER PARK FL.**

4. FEI Number

**59-3051029**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32792**

**US**

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

**CLARK, BRUCE D.  
7130 NATHAN CT  
WINTER PARK FL 32792**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CLARK, BRUCE D.  
7130 NATHAN COURT  
WINTER PARK FL**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BISIENRE, THOMAS  
1830 HIGHNESS COURT  
ORLANDO FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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: BRUCE D CLARK 4-22-02 407-497-1814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)