

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006677

1. Entity Name
G & K VENDING, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90039 013 ***150.00

Principal Place of Business

**3985 JOURNEY CT.
CASSELBERRY FL 32707**

Mailing Address

**3985 JOURNEY CT.
CASSELBERRY FL 32707**

2. Principal Place of Business

1570 ELFSTONE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1570 ELFSTONE DRIVE

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

Zip

32707

Country

SEMINOLE

City & State

CASSELBERRY, FL

Zip

32707

Country

SEMINOLE

4. FFI Number

EN 59 363 0888

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NIERI, FRANCISCO
3985 JOURNEY CT.
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name

NIERI, FRANCISCO

Street Address (P.O. Box Number is Not Applicable)

1570 ELFSTONE DRIVE

City

CASSELBERRY

Zip Code

32707

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 of agent or principal of registered agent and the filer (if applicable)

(NOTE: Registered Agent Signature required when registering)

4/24/2001

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 \$160.00
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PRESIDENT
VERONICA JANZEN
1604 E. SANDPIPER TRL
CASSELBERRY, FL 32707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VICE PRESIDENT
FRANCISCO NIERI
1570 ELFSTONE DRIVE
CASSELBERRY, FL 32707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SECRETARY
PATRICIA NIERI
1570 ELFSTONE DRIVE
CASSELBERRY, FL 32707**

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. JANZEN

4/24/2001

407-699-7875

Date

Daytime Phone

CR2E034 (10/00)