

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000022251**1. Entity Name  
**MARTIN VENDING, INC.****Principal Place of Business**

2304 SPOONWOOD DR.

TALLAHASSEE FL 32303

**Mailing Address**

2304 SPOONWOOD DR.

TALLAHASSEE FL 32303

**2. Principal Place of Business**

5187 WOODLANE CIRCLE

**3. Mailing Address**

5187 WOODLANE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

TALLAHASSEE FL

**City & State**

TALLAHASSEE FL

**4. FEI Number****59-3642577**

Applied For

Not Applicable

Zip  
32303

Country

Zip  
32303

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****MARTIN LLOYD**  
2304 SPOONWOOD DR.

TALLAHASSEE FL 32303

**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 \_\_\_\_\_ **09/12/2001**

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**

TITLE	TS	<input type="checkbox"/> Delete
NAME	MARTIN JOYCE A	
STREET ADDRESS	2304 SPOONWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIN STEVEN W	
STREET ADDRESS	2304 SPOONWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MARTIN LLOYD	
STREET ADDRESS	2304 SPOONWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN STEVEN W	
STREET ADDRESS	2306 SPOONWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: LLOYD T. MARTIN**

DP

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)