


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91867 009 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000041651</b>			
1. Entity Name <b>BARRYS VENDING, INC.</b>			
Principal Place of Business <b>4619 BRANDY OAK CT. JACKSONVILLE, FL 32257</b>		Mailing Address <b>4619 BRANDY OAK CT. JACKSONVILLE, FL 32257</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>59-3644571</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BARRY, JAMES 4619 BRANDY OAK CT. JACKSONVILLE, FL 32267</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when appointing)			
DATE _____			
FILE NOW WITH FEE IS \$160.00 (After May 1, 2003 Fee will be \$560.00) Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME <b>BARRY, JAMES</b> <input type="checkbox"/> Delete STREET ADDRESS <b>4619 BRANDY OAK CT.</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32267</b>		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME <b>BARRY, BEVERLY</b> <input type="checkbox"/> Delete STREET ADDRESS <b>4619 BRANDY OAK CT.</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32267</b>		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE <i>Beverly L. Barry</i>		Date <b>4-28-03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2034 (10/02)