2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P0000048747 1. Entity Name ALL-WAYS VENDING, INC. 04-28-2001 90018 010 ***150 00 Principal Place of Business Mailing Address 2201 WHITE EAGLE STREET 2201 WHITE EAGLE STREET CLERMONT FL 34711 CLERMONT FL 34711 751233 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59 - 3647190 Not Applicable \$8.75 Additional Country Zip Country USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jordan, Edward P II Street Addre 13543 EAST HIGHWAY 50 CLERMONT FL 34711 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE Delete NAME NAME GENTZHORN, JULIE C STREET ADDRESS STREET ADDRESS 2201 WHITE EAGLE STREET CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

352-267-6026 SIGNATURE: AND TYPED OR PRINTED N ME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.