

# 2001 UNIFORM BUSINESS REPORT: (UBR)

DOCUMENT # P00000063323

1. Entity Name

J.DEE VENDING, INC.

**FILED**  
May 23, 2001 8:00 am  
Secretary of State

04-23-2001 90237 009 \*\*\*150.00

Principal Place of Business

185 AKRON ROAD  
LAKE WORTH FL 33467

Mailing Address

185 AKRON ROAD  
LAKE WORTH FL 33467

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

☒ Applied For  
☐ Not Applicable

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

LONGHURST, JOY  
185 AKRON ROAD  
LAKE WORTH FL 33467

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

*Joy Longhurst*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-01

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 NAME STREET ADDRESS CITY-ST-ZIP	D LONGHURST, JOY 185 AKRON ROAD LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Joy Longhurst* Joy Longhurst

4-15-01

Date

561-968-6426

Daytime Phone #

CR2E034 (10/00)

Attachment # 46285  
# P00000063323

Form **SS-4**

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions)	JOYCE H. LONGHURST - "J. DEE VENDING INC"	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	J. DEE VENDING INC
	4a Mailing address (street address) (room, apt., or suite no.)	5a Business address (if different from address on lines 4a and 4b)	
	4b City, state, and ZIP code	5b City, state, and ZIP code	
	6 County and state where principal business is located	PALM BEACH COUNTY - FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►	JOYCE H. LONGHURST # 262-88-3964	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)      |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC                                    | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable)                              |
| <input type="checkbox"/> Other (specify) ►                        |  |

8b If a corporation, name the state or foreign country State FLORIDA Foreign country

- 9 Reason for applying (Check only one box.) (see instructions)
- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ► | <input type="checkbox"/> Banking purpose (specify purpose) ►               |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ►          | <input type="checkbox"/> Purchased going business                          |
|   | <input type="checkbox"/> Created a trust (specify type) ►                  |
|   | <input type="checkbox"/> Other (specify) ►                                 |

10 Date business started or acquired (month, day, year) (see instructions) APRIL 14, 2001

11 Closing month of accounting year (see instructions) DEC 31, 2001

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) UNKNOWN AS YET

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
1		

14 Principal activity (see instructions) CON - VENDING MACHINES

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check one box. ☒ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ► ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(561) 968-6426

Fax telephone number (include area code)

( ) NONE AS YET

Name and title (Please type or print clearly.) ► JOYCE H. LONGHURST

Signature ► Joyce H. Longhurst

Date ►

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 16055N

Form **SS-4** (Rev. 4-2000)