## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 12, 2002 8:00 am Secretary of State P00000102525 DOCUMENT # 1. Entity Name 09-12-2002 90061 021 \*\*\*150.00 GULF SOUTH VENDING, INC. Principal Place of Business Mailing Address 5764 RED CEDAR ST 5764 RED CEDAR ST PENSACOLA FL 32507 PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3685951 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, HUGH E Street Address (P.O. Box Number is Not Acceptable) 5764 RED CEDAR ST PENSACOLA FL 32507

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.

City

(NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

After Se

(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

**10.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

DATE

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete D TITLE ☐ Change ■ Addition JONES, HUGH E NAME STREET ADDRESS 5764 RED CEDAR ST STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 a given like empowered.

SIGNATURE:

CHATURE AND TYPED OR SHITTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5.02

850 982-0543

Daytime Phon

CH2E034 (4/C

GULF SOUTH VENDING, ...

5764 RED CEDAR STREET

PENSACOLA, FLORIDA 32507 POODODO 3535

PONE & FAX 850-492-5158

12 5080

September 9, 2002

**Division of Corporations Uniform Business Report Filings** P O Box 1500 Tallahassee, Florida 32302-1500

Dear Sir:

When I received this form, I signed it, diaried the date for this week and filed it. When I pulled it this week to pay it, I found that an original form was due by June 7th. I did not receive that form.

I called today and was advised to send in this form with a letter explaining this and a check for \$150.00. I apologize for the missed date but I can assure you I would have filed timely, had I received the original form.

Sincerely