

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104472

1. Entity Name

CMF VENDING MANAGEMENT, INC.



FILED

03 APR 16 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12373 FOURTH STREET

3. Mailing Address
1035 SAN MATEO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. MYERS, FLORIDA

City & State
PUNTA GORDA, FLORIDA

4. FEI Number
65-1053459

Applied For
Not Applicable

Zip
33905-4811

Country
LEE

Zip
33950-6364

Country
CHARLOTTE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CHARLES B. FICKETT

Street Address (P.O. Box Number is Not Acceptable)

12373 FOURTH STREET

City
FT. MYERS

FL Zip Code
33905-4811

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 signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FICKETT, CHARLES B 12373 FOURTH STREET FT. MYERS, FLORIDA 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700016325237 04/18/03--01055--024 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES B. FICKETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date Daytime Phone #

CR2E034B (12/02)