

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

Amended

DOCUMENT # **PO1000018133**
Entity Name
CARNIVAL VENDING INC.

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FILED
02 APR 22 PM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
300 Campground Dr.
Suite, Apt. #, etc.
City & State
Atlantic Beach, FL
Zip
32233
Country
Dval

3. Mailing Address
1075 Richmond Pkwy
Suite, Apt. #, etc.
809
City & State
Jacksonville, FL
Zip
32224
Country
Dval

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4. FEI Number
59-3691158

Applied For
☐ Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MURAT ERGISI

Street Address (P.O. Box Number is Not Acceptable)
1075 Richmond Pkwy #809
City
Jacksonville FL Zip Code
32224

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.

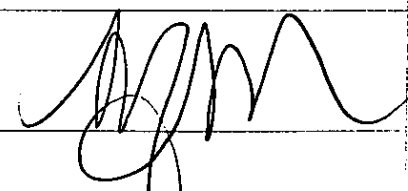
SIGNATURE   DATE
3-30-2002

Signature of individual or individual agent of registered agent and title if applicable (NOTE: Registered agent's signature is required when registering)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25 -
Make Check Payable to Department of State

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

OFFICERS AND DIRECTORS	
President MURAT ERGISI 1075 Richmond Pkwy #809 Jacksonville, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	500005452215--1 -05/06/02--01023--025 *****61.25 *****61.25
	
	DO NOT WRITE IN THIS SPACE

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 in 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 on an attached statement of address, with all other like empowered.

SIGNATURE:   DATE
3-30-2002 (904) 568-1677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)