

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90013 013 ***150.00

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DOCUMENT # P01000035272

1. Entity Name
GABRIEL'S VENDING, INC.

Principal Place of Business

~~6047 OGLESBY ROAD~~
MILTON FL 32570

Mailing Address

~~6047 OGLESBY ROAD~~
MILTON FL 32570

2. Principal Place of Business

6178 SWAINSON ST.

Suite, Apt. #, etc.

3. Mailing Address

6178 SWAINSON ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MILTON, FL

City & State

MILTON, FL

4. FEI Number

59-3722872

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

32570

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MELVIN, JOSEPH
6047 OGLESBY ROAD
MILTON FL 32570

7. Name and Address of New Registered Agent

Name

MELVIN, JOSEPH

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

6178 SWAINSON ST.

City

MILTON

FL

Zip Code

32570

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	D MELVIN, HIRAM J	<input type="checkbox"/> Delete
STREET ADDRESS	6047 OGLESBY ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE NAME	D MELVIN, CECILIA D	<input type="checkbox"/> Delete
STREET ADDRESS	6047 OGLESBY ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE NAME	D MELVIN, GABRIEL J	<input type="checkbox"/> Delete
STREET ADDRESS	6047 OGLESBY ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DP ST MELVIN, HIRAM J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6178 SWAINSON ST.	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE NAME	D MELVIN, CECILIA D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6178 SWAINSON ST.	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE NAME	DV MELVIN, GABRIEL J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6178 SWAINSON ST.	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 3, 2002

Date

Daytime Phone #

CR2E034 (9/01)